



# *Strategic Management Tools to Support HIV/AIDS Policy Change*

DRAFT

Center for Democracy and Governance  
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## Table of Contents

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<i>preface</i> .....	2
<i>introduction</i> .....	3
<i>section 1: Framework</i> .....	6
<i>section 2: Tools</i> .....	18
<b>Task #1: Policy Legitimation</b> .....	<b>18</b>
<i>Political Mapping</i> .....	19
<i>The AIDS Impact Model (AIM):</i> .....	25
<b>Task #2: Constituency Building</b> .....	<b>29</b>
<i>Stakeholder Analysis</i> .....	30
<i>Advocacy Strategy Profile</i> .....	34
<b>Task #3: Realigning and Mobilizing Resources</b> .....	<b>37</b>
<i>Institutional Inventory</i> .....	39
<i>Comparative Budget Analysis</i> .....	43
<i>Resource Allocation Model (GOALS)</i> .....	45
<b>Task #4: Modifying Organizational Structures</b> .....	<b>48</b>
<i>Institutional Development Framework</i> .....	49
<i>Advocacy Network Training Manual</i> .....	53
<b>Task #5: Mobilizing Action</b> .....	<b>55</b>
<i>Organizational Responsibility Charts</i> .....	56
<i>Logic Models</i> .....	59
<b>Task #6: Policy Monitoring</b> .....	<b>66</b>
<i>Policy Monitoring Guidelines</i> .....	67
<i>AIDS Program Effort Index</i> .....	69
<i>annex (Forms)</i> .....	71



## *preface*

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The increasing ravages of HIV/AIDS are leading to more urgent calls to action among donors, United States Agency for International Development (AID) contract and grant partners and host country citizens. The health sector, which has been playing a lead role in combating this epidemic, is calling on other sectors to play a part in the fight against HIV/AIDS. In an effort to respond to concerns about the importance of linkages of democracy and governance and HIV/AIDS, USAID Global Bureau's Center for Democracy and Governance (G/DG) developed this toolkit that brings democracy and governance insights and tools to help in the fight against HIV/AIDS.

G/DG's Implementing Policy Change (IPC) project, over the past ten years, has sought to understand and identify tools and techniques for improving the policy reform and implementation process. The project has developed an implementation task framework along with a series of tools and approaches for managing each of the critical implementation tasks. At an October 2000 meeting of G/DG, USAID's Bureau for Africa, and Alan Whiteside of the University of Natal, agreement was reached to draw on the task model and tools of the IPC project and combine them with tools from other efforts to create a toolkit on the use of ***Strategic Management Tools to Support HIV/AIDS Policy Change***. Collaboration with Global Bureau's Center for Population, Health and Nutrition, Africa Bureau's Office for Sustainable Development and Agency partners such as the POLICY Project and PACT, has resulted in the broadening of insights and tools included in this toolkit.

Management Systems International, the lead contractor for the Implementing Policy Change project, prepared this document. It was discussed at a meeting held in Washington, D.C. (January 31 – February 2, 2001) that was attended by representatives of USAID, some of its key partners, and delegations from Kenya, Tanzania, Namibia and South Africa. The purpose of the workshop was to review the relevance of tools included in the draft and their potential application, focusing on policy change at the national level. The workshop identified additional ideas, tools, and examples to be included in subsequent drafts of the toolkit. An early draft of the toolkit was pilot tested in Namibia and Kenya. Feedback on utility of the toolkit was very positive. Examples from those pilot applications are included in this toolkit.

The IPC website is located at:  
<http://ipc.msi-inc.com>



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## introduction

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Perhaps the cruelest irony of all concerning the global AIDS epidemic is that the human impact is decimating countries' ability to act at the very time that increased services to respond to the crisis are required. Extraordinary pressures are being placed on government management capabilities, budgets and already fragile social safety nets. Civil society organizations and individual citizens are organizing and taking on additional responsibilities even though, for most, resources and capabilities were limited before this additional challenge emerged. Responding to the epidemic demands the best we have to offer—from all sectors.

USAID's democracy and governance sector has a perspective and associated tools to offer to those working on HIV/AIDS. Over the past decade, USAID has increased its attention to the political aspects of programming and to the dynamics of the process of change. It has recognized that political dynamics and participation are integral to achieving and sustaining development results and has created and accumulated approaches and tools to respond. These participatory democratic practices in the public/political realm can have both short- and long-term effects for HIV/AIDS, health, education or other sector objectives. For example, the Brazilian government's openness versus China's reticence has translated into lives saved and lost.

Increasingly, people are recognizing that issues of governance and issues of politics are as important as technical responses for achieving various sector objectives--sometimes they are even more important than technical responses. For example, decisions about what proportion of resources will go to HIV/AIDS prevention, treatment, or care, are political decisions. Decisions regarding whether antiretroviral drugs should be prescribed to infected patients in developing countries are also political as well as technical. Recognizing that these political decisions will create winners and losers at all levels of society, we need to do our best to encourage greater transparency, participation and accountability (hallmarks of democracy and governance work) in the decision making process to assure affected people of diverse interests have voice.

These processes do not happen automatically. They must be self-consciously planned and managed. This toolkit can help non-governmental organizations become effective participants in the pluralist policy process by assisting them to: a) clarify and develop consensus on the policy issues that affect them; b) develop a constituency for policy change and an understanding of its requirements and complexity; c) plan and take those implementation steps that are within their purview; and d) influence governmental action in support of their plans. It can help government manage the process of policy formulation and implementation in a transparent and accountable manner with decisions and services that are responsive to a diversity of citizen's interests and more efficient and effective use of resources. It can help produce results.

This toolkit is intended mainly for use by policymakers and advocacy groups seeking to shape or accelerate the implementation of national policies on HIV/AIDS. It is also intended as a guide to donors seeking to support these national efforts. Scan the document. Determine



for yourself what is most relevant to your situation. It complements a number of other useful HIV/AIDS toolkits including:

Title	<i>HIV/AIDS Toolkit: Building Political Commitment for Effective HIV/AIDS Policies &amp; Programs</i>
Organization	POLICY Project
Website	<a href="http://www.policyproject.com">www.policyproject.com</a>

Title	<i>AIDS Toolkits</i>
Organization	Health Economics & HIV/AIDS Research Division (HEARD), Univ. of Natal, Durban, RSA
Website	<a href="http://www.und.ac.za/und/heard">www.und.ac.za/und/heard</a>

Title	<i>Survival is the First Freedom: A Toolkit for Integrating D&amp;G and HIV/AIDS</i> (Draft)
Organization	Pact (AIDS Corps)
Website	<a href="http://www.pactworld.org">www.pactworld.org</a>

Title	<i>Policy Toolkit for Strengthening Health Sector Reform</i> , September 2000
Organization	Partnerships for Health Reform (PHR)
Website	<a href="http://www.phrproject.com">www.phrproject.com</a>

Title	<i>Handbook for Legislators on HIV/AIDS, Law and Human Rights</i> , 1999
Organization	UNAIDS/IPU
Website	<a href="http://www.unaids.org">www.unaids.org</a>

Title	<i>The Participation Toolkit: A USAID Health Population and Nutrition Officer's Guide To Using Participatory Approaches For Managing HIV/AIDS Activities</i> , 1998
Organization	TvT Associates and Pragma Corp. for USAID. Bur. for Global Programs
Website	<a href="http://www.dec.org/pdf_docs/PNACC924.pdf">www.dec.org/pdf_docs/PNACC924.pdf</a>

Title	Guide for Improving Health Policy Development and Monitoring (Draft – March 2001)
Organization	SARA Project, Academy for Educational Development
Website	<a href="http://www.aed.org/sara">www.aed.org/sara</a>

Organization	AIDS Law Project Centre for Applied Legal Studies, Univ. of Witwatersrand, RSA
Website	<a href="http://www.hri.ca/partners/alp">www.hri.ca/partners/alp</a>

Organization	Canadian HIV/AIDS Legal Network, Montreal Canada
Website	<a href="http://www.aidslaw.ca">www.aidslaw.ca</a>

This toolkit is organized around the task model developed by Implementing Policy Change Project (IPC) for use in managing national policy change in a variety of sectors. While the toolkit is targeted for national applications, it can also be applied to local situations. Tools in section 2 can be particularly useful for NGO's seeking management tools to assist in implementing programs.

The toolkit is divided into two sections. Section 1 presents a **checklist** to be used for judging how easy or difficult particular policies are to implement, and a **framework** for organizing

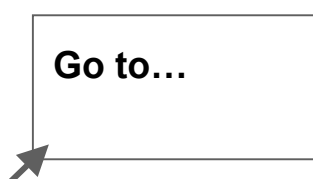


and managing the policy change effort. Section 2 presents **tools** useful for managing each of the major tasks involved in HIV/AIDS policy change. Each tool includes – or will eventually include – five elements:

- ❑ A device or **framework** for organizing and analyzing information;
- ❑ A suggested **process** for using the device or framework in ways that enhance ownership and transparency, and that build bridges between organizations;
- ❑ Suggested **applications**;
- ❑ One or more **examples of applications**; and
- ❑ Identification of any **resources** or training needed to use the tool effectively.

### **Links:**

This symbol indicates where you can go for more information on a topic. If you are using the document electronically, many of the links are hyperlinks to relevant websites.



### **Forms:**

Within the tools section of this document, you will see a number of forms used as samples. You can find blank forms, for your use in the Annex by clicking on the following link:







## section 1: Framework

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As used in this toolkit, the term “policy change” implies practical, on - the - ground changes in publicly sanctioned rules, procedures and programs. Where suitable policies are already on the books, the process focuses on implementation of those policies. Where such policies have not been adopted or need to be modified, “policy change” also includes formulation and formal adoption of suitable policy statements. Too often legislation and regulations are agreed upon but not followed up with resources and action to put them into effect. Because of this, formal adoption of policy statements is not assumed to constitute genuine policy change in the absence of meaningful implementation.

Managing **policy change** is quite different from managing projects and programs. The context is political, the needed resources are rarely in hand, and nobody is fully in charge. For these reasons, successful policy change requires a different style of management – and different management tools – than most public managers are used to. The style and the tools are those of strategic management and are simultaneously focused on understanding and managing the external environment (looking out); re-orienting the internal operations of NGOs, government agencies, and coalitions (looking in); and anticipating future changes (looking ahead). Most of these tools can be used to assist in designing policy, and once a policy is accepted, to assist in managing its implementation.

### **Strategic Management’s Three-way Orientation**

Strategic management capacities are important to enable policy implementors to deal with the challenges of policy reform. Strategic management can be thought of in terms of a conceptual “shorthand” as capacity to: 1) look out, 2) look in, and 3) look ahead (Brinkerhoff, 1991).

**Looking out** means exploring beyond the boundaries of your organization to set feasible objectives, identify key stakeholders, and build constituencies for change.

**Looking in** implies critically assessing and strengthening your systems and structures for managing personnel, finances, and other essential resources.

**Looking ahead** entails melding your strategy with structures and resources to reach your policy goals, while monitoring your progress and adjusting your approach as need.

Successfully pursuing long-term reforms in democratizing environments involves not just knowing which direction to move in, but paying attention to how to get there: in essence, recognizing that policy implementation is as much process as it is content. Traditionally, developing country officials and international donor agencies have focused primarily on policy content, often ignoring or downplaying the process side. Many obstacles have been encountered that could have been avoided.



Meaningful policy change is an ongoing process that must be managed, and critical to that management is the ability to learn while doing, i.e., to learn while actually implementing the policy, and to maintain flexibility. The unexpected will occur. Plans are important; so are ability and willingness to vary from those plans to respond to unanticipated events. When problems are encountered, addressing them calls for shared analysis and joint action, both inside and outside of government. Strategic planning and management capacity along with technical skills are important: for yourself, your staff and your partners.

As stated earlier, the policy implementation process is at least as political as technical. In addition to technical analysis, it calls for consensus-building, participation of key stakeholders, conflict resolution, compromise, contingency planning, and adaptation. New policies often reconfigure roles, structures, and incentives, thus changing the array of costs and benefits to implementors, direct beneficiaries, and other stakeholders. The tools in this document will help you accomplish these important tasks.

### *Policy Characteristics Checklist*

Some policies are easier to implement than others. The following checklist is a crude test of the “implementability” of different policies. Every check placed in Column A indicates a simplifying factor; and every check in Column C represents a complicating factor. A check placed in column B indicates an intermediate or neutral situation with regard to a particular characteristic. By counting the number of checks in Column A and subtracting the number of checks in Column C, you get a rough measure of a policy’s implementability. The higher the number, the easier it will normally be to implement the policy.<sup>1</sup>

SAMPLE:	A Simplifying Factor		B (Neutral)	C Complicating Factor	
	check		check		check
Where did the impetus for the policy come from?	<input checked="" type="checkbox"/>	Inside the country		Outside the country	
		Inside government		Outside government	<input checked="" type="checkbox"/>

<sup>1</sup> Adapted from IPC Technical Note #3





Comprehensive AIDS Policy in Country X	A Simplifying Factor		B Neutral	C Complicating Factor	
	check		check		check
Where did the impetus for the policy come from?		Inside the country		Outside the country	<b>X</b>
		Inside government	<b>X</b>	Outside government	
Who decided the policy and how?		With democratic legislative process		Without democratic legislative process	<b>X</b>
		With widespread participation	<b>X</b>	Without widespread participation	
What is the nature of the benefits?		Visible	<b>X</b>	Invisible	
		Immediate		Long term	<b>X</b>
		Dramatic	<b>X</b>	Marginal	
What is the nature of the costs?		Invisible		Visible	<b>X</b>
		Long term		Immediate	<b>X</b>
		Marginal		Dramatic	<b>X</b>
How complex are the changes?		Few changes	<b>X</b>	Many changes	
		Few decisionmakers		Many decisionmakers	<b>X</b>
		Small departure from current practices, roles and behaviors		Large departure from current practices, roles and behaviors	<b>X</b>
		Limited discretion	<b>X</b>	Large discretion	
	<b>X</b>	Low technical sophistication		High technical sophistication	
	<b>X</b>	Low administrative complexity		High administrative complexity	
		Geographically concentrated		Geographically dispersed	<b>X</b>
		Normal pace		Urgent/ emergency pace	<b>X</b>
		Single event		Permanent changes	<b>X</b>
		Low level of conflict about nature and value of the changes		High level of conflict about nature and value of the changes	<b>X</b>
Total number of Checks:	<b>2</b>		<b>6</b>		<b>12</b>

Overall Score (A-C): +2-12 = -10

[www.usaid.gov/democracy/ipc/Tn-3.pdf](http://www.usaid.gov/democracy/ipc/Tn-3.pdf)  
Policy Characteristics Analysis

Comprehensive AIDS Policy Checklist





Applying the Policy Characteristics Checklist tells us that, in most countries, comprehensive HIV/AIDS policies will be difficult to implement. At the same time, the checklist suggests actions that can be taken to simplify implementation. Every time it is possible to make a change that removes a check from Column C (and, if possible, changes it sufficiently to replace it with a check in Column A), the task of implementation has probably been made easier. For example, an intervention that makes the benefits of implementing a given policy apparent to large numbers of interested parties and decision makers almost certainly makes that policy easier to implement.

The checklist just described can help you determine whether implementing the policy you want to influence will be more or less complicated. If it is very complicated, you might choose to work on component parts of the policy or to look for ways to simplify the policy. In addition, using the following task framework and tools, and paying attention to the politics surrounding decision making, will assist in managing the complexity.

### *Task Model for Managing Policy Change*

Changing policy involves action by many people – legislators, national leaders, activists and service providers, to name but a few. It involves forging agreement on the policy and then turning that agreement into action.

Given the complexity and inherent difficulty involved in changing HIV/AIDS policies, where does one begin? Many countries have (belatedly) adopted national policies on HIV/AIDS.<sup>2</sup> In those countries yet to adopt such policies, the immediate challenge is creating legitimacy or directing public attention to the issues, building constituencies to support new policies and getting the policies adopted. Effectively implementing policies that are now nominally on the books is a challenge for all countries.

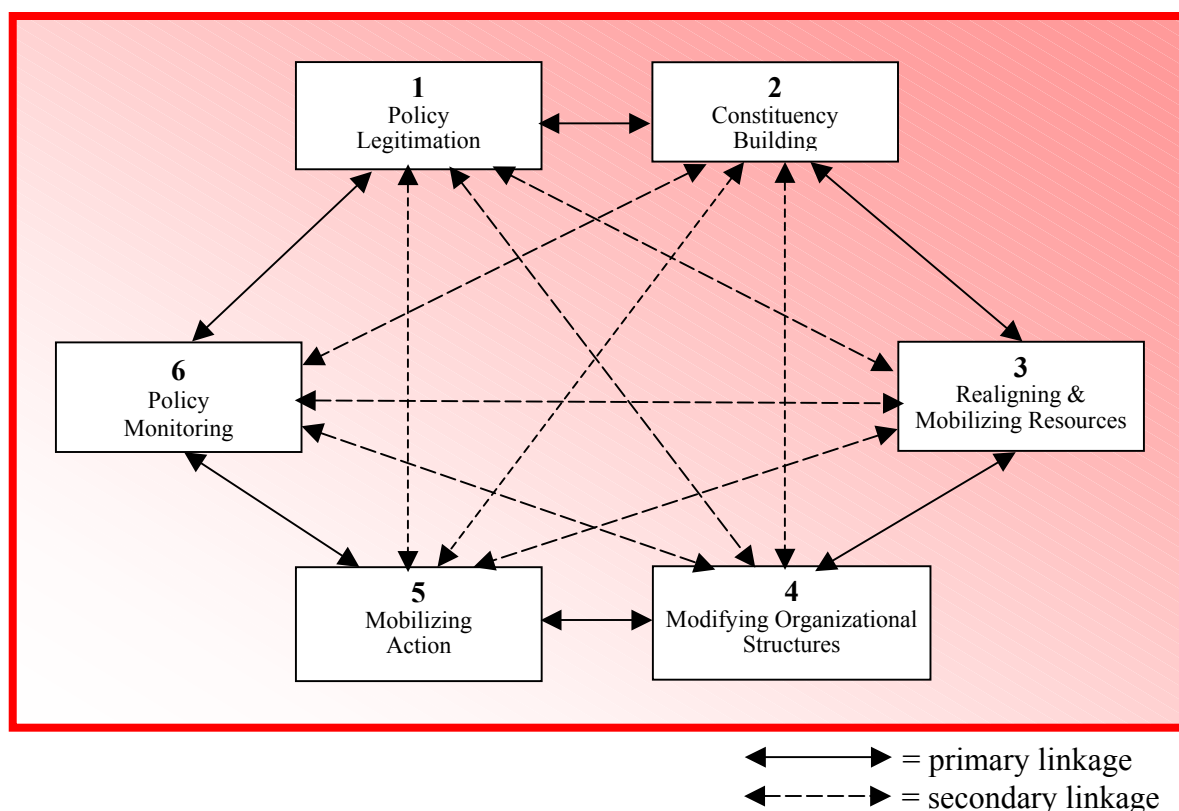
Implementing the HIV/AIDS policies can be characterized not so much as a “what to do” problem, but rather as a “how to do it” problem. To attack a challenge of this size, it helps to break it down into manageable pieces or tasks. The most ambitious effort to do this is the **Task Model** developed by IPC based on more than a decade studying policy change in 40 countries. The Task Model is directly applicable to HIV/AIDS policies. The model is designed as an organizing framework for activists and policy change managers, e.g., a Minister of Health, National HIV/AIDS Council members, NGO activists, legal reformers. It divides the overall process of policy change into six distinct tasks, each of which can be managed systematically and strategically. These tasks integrate the political, behavioral, organizational and technical aspects of the policy change effort to provide a roadmap for managing the change process and a common vocabulary for discussing priorities and tactics. The following paragraphs briefly describe each of the framework’s six tasks. Section 2 of this document is linked directly to this framework and provides tools for managing each of these six tasks. The figure below presents these six tasks in graphic form and the following paragraphs briefly describe each of these tasks.

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<sup>2</sup> Johnston, Alan and Stover, John. *The Art of Policy Formulation: Experiences from Africa in Developing National HIV/AIDS Policies*. The Futures Group, Washington, DC. August 1999.



**Figure 1: The Policy Process**



### Task 1: Policy Legitimation

Before anything else can happen, change must be viewed as legitimate and important. To acquire this legitimacy, some influential people and opinion leaders must come to believe -- and must assert publicly -- that the proposed policy reform is necessary, even though it will present serious cost and sacrifice. Legitimation involves the emergence or designation of one or more policy "champions" with credibility, political resources, and the willingness to risk that political capital in support of the policy. Since the initial impetus for HIV/AIDS policy change often comes from outside the country, it is vital that the policy be internally legitimized in order that key constituencies inside the country develop a sense of ownership for the change. Because these policies represent significant breaks from tradition and require shifts in attitudes and actions, it is important that the "legitimizers" or policy "champions" enjoy widespread credibility and state unambiguously that what the new policy represents is important, valid and desirable. The more difficult or contentious the policy, or the more it departs from past practice, the more important is the legitimation function. For example, the unambiguous support of the HIV/AIDS campaign by President Museveni in Uganda resulted in widespread attention to and acceptance of the reality of the threat HIV/AIDS poses. The directive to all parliamentarians to include comments on HIV/AIDS in speeches to keep this issue in the public attention is the equivalent of creating multiple champions who increase legitimacy of the policy. While champions can come from either the public or the private sector, it is important that those policies that originate outside of government attract high-level government support at the earliest feasible date.



The task of legitimation is critical not only for getting new policies approved but also for developing the broader and deeper base of support needed for implementation.

## **Task 2: Constituency Building**

Reforms must be marketed and promoted. Constituencies for reforms must be developed and mobilized. This is a particularly complicated task for HIV/AIDS issues since many of the constituencies for HIV/AIDS policies do not know they are infected or at risk and others may be reluctant to publicly identify themselves. Like legitimation, constituency building is an essential task both during policy formulation and during policy implementation. Likely constituents are those who can hope to be better off as a result of the policy change and/or who support the policy change philosophically. Constituency building complements and amplifies the legitimation process. It aims not only at gaining passive acceptance of the need for policy change, but also at mobilizing action in favor of the new policy.

Putting together a constituency at the outset is a difficult task. Evidence shows that constituencies with a direct and immediate stake or interest in a reform typically are easiest to mobilize. In the case of HIV/AIDS policies, mobilizing even those with a clear interest in the reform is complex. The potential beneficiaries are typically underpowered, sick and unorganized.

Because new HIV/AIDS policies affect budget priorities, opposition frequently comes from those whose budgets would need to be reduced in order to free up the resources for the new policy. Moreover, existing bureaucracies that need to change to reflect new policies are often reluctant to change. The task of constituency building must overcome these sources of resistance.

To date, a large role has been played by international actors in the fight for more forward-looking HIV/AIDS policies. International networks are better organized than most national networks; and national policy frequently comes from agreements and standards originating in international forums. Within countries, the impetus for adopting comprehensive HIV/AIDS policies almost always began outside of government. There are now, however, significant advocates within governments as well.

## **Task 3: Realigning and Mobilizing Resources**

Implementing any new policy requires human, technical, and financial resources. These resources are rarely in place at the outset, and old priorities do not disappear simply because new problems arise. Given the urgent nature of the HIV/AIDS problem, both short-term and long-term resource mobilization strategies are needed; and the task of realigning and mobilizing resources needs to be approached in a strategic and coherent way that secures initial funding (public and private, international and domestic) and assures the policy a place in the government's budget allocation process. Managing a period of transition is a particular concern given the inability of governments to redistribute human and financial resources to new priorities on short notice and the associated risk of program or project shutdowns once donor resources are exhausted. Moreover, the resource problem is not simply financial. Often, the agency charged with coordinating the implementation of HIV/AIDS policy is severely resource deficient or worse, an empty shell. It is a tragic irony that the scarcity of skilled human



resources to fight HIV/AIDS is compounded by the very crisis HIV/AIDS policies seek to address. Like the first two tasks – legitimation and constituency building – those managing the task of realigning and mobilizing resources must reach beyond the boundaries of individual organizations. They must work with multiple organizations and people with varied capacities and political interests. Use of a strategic management framework such as the one presented in this toolkit will assist in integrating the political, organizational, technical and financial aspects of this task.





#### **Task 4: Modifying Organizational Structures**

Implementing meaningful policy change almost always calls for the creation of new organizations or for major changes to existing organizations, and HIV/AIDS policies are no exception. These new policies affect organizations in three ways. First, some organizations are affected internally regarding what they do and how they do it. Massive scaling up (i.e. moving from one implementer to many or from a few communities to national coverage) is often required. Other kinds of organizational change are required, for example creating a National AIDS Control Council in the office of the President and corresponding units at sub-national levels (See Kenya example in Annex 12 and 13). Re-organizations and modification of tasks cause many of organizations' structural components to be superseded by new units and departments. Second, since policy reform cuts across organizational and functional boundaries, implementing organizations need to pay more attention to the external environment and to their external stakeholders, both to sustain resources and because of turf issues. Third, since successful actions by one agency may depend on the implementation of complementary actions by other agencies, there is greater need for sharing information and resources, for more concerted coordination. It is noteworthy in this regard that broad-based coalitions and public/private partnerships have become essential organizational mechanisms for implementing improved HIV/AIDS policies at both national and local levels.

It may initially appear easier to create new structures than to overhaul old ones. This can, however, be quite costly – especially if the existing organization remains untouched. Officials in the older structure understand the budgeting, procurement, financial, and personnel systems of government and likely have their own political networks. Dislodging or eliminating such structures may prove to be an imposing task, and may cause the new organization to operate in parallel with the older one rather than replace it.

Task 4 entails assessing what organizational changes are needed (within and among specific organizations) and overseeing the change process.

#### **Task 5: Mobilizing Action**

Even if the implementing agencies inside and outside of government have the needed resources and organizational structures, there is no guarantee that they will carry out the assigned policy change -- people's actions must reflect the new policy. Until implementation actually occurs, until people do things differently, policy change is theoretical. Real change, moving beyond a reform on paper to a reform in action, provokes new resistance. Real change also requires concrete plans about how, when, where, and by whom resources are to be utilized. Programs need to be designated, projects designed, action strategies identified and then put into place. Frequently, this requires joint planning across organizational boundaries. Since implementing agency(s) will probably resist the mandated changes, strategies must be developed to overcome that resistance. New incentives may have to be created to induce the organization to adopt new modes and practices required by the policy change. If the new policies are implemented alongside the agency's traditional activities, those in charge need to be alert to attempts to siphon off resources for other activities. Task 5 focuses on instituting the multi-organization planning processes, coordination mechanisms and accountability procedures needed to ensure that policy intent is translated into concrete action.





## **Task 6: Policy Monitoring**

It is important to track the effects of policy change and to correct or adjust the policy if it is not producing the intended results. Such monitoring or evaluation should begin early in the process, and should be done in a credible, public and transparent manner. Monitoring policy change usually requires mechanisms and opportunities for periodic review that span the actions of multiple agencies over several years. Also of critical importance is creating avenues for feeding this information back to the public and to policy makers. The question of who monitors the overall policy is an important issue. While a given agency can monitor the impact of its own policy change actions, it is less obvious who is responsible for tracking cumulative policy impact over several agencies. Frequently, the press, citizens' groups, and non-partisan monitoring organizations play important roles. While international and national processes have been established to monitor HIV/AIDS and policy change in most countries (e.g. UNAIDS comparative data on prevalence rates), additional efforts are needed to ensure that the information is fed back into the public policy process and made available to HIV/AIDS implementing organizations.



### *Tools and Public Processes*

Over time, tools and public processes have been developed for strategically managing each of the six key tasks involved in policy change. Some of the most important of these public processes and tools are summarized in the following table. The tools listed below are presented in Section 2 of this Toolkit.

Implementation Task	Strategies for Task Implementation	Selected	
		Tools	Public Processes
<b>Policy Legitimation</b>	<ul style="list-style-type: none"> <li>- Raising awareness, questioning the status quo</li> <li>- Identifying policy reform champions</li> <li>- Creating new forums for policy discussion</li> <li>- Developing convening authority</li> </ul>	<ul style="list-style-type: none"> <li>- Political Mapping</li> <li>- Simulation Models (AIM)</li> </ul>	<ul style="list-style-type: none"> <li>- Blue Ribbon Commissions</li> <li>- International Conventions</li> <li>- Benchmarking</li> <li>- Public/Private Roundtables and Fora</li> <li>- Policy Debates</li> <li>- Public Education Campaigns</li> </ul>
<b>Building Constituencies</b>	<ul style="list-style-type: none"> <li>- Supporting policy champions</li> <li>- Identifying and mobilizing key stakeholders</li> <li>- Marketing, bargaining, and building coalitions</li> <li>- Dealing with realities of opposition</li> <li>- Mobilization of under-organized stakeholders or beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>- Stakeholder Analysis</li> <li>- Advocacy Strategy Profile</li> </ul>	<ul style="list-style-type: none"> <li>- Policy Networks and Coalitions</li> <li>- Political Party Platforms</li> <li>- Parliamentary Committees</li> <li>- Negotiated Rulemaking Procedures</li> <li>- NGO Development</li> </ul>
<b>Realigning and Mobilizing Resources</b>	<ul style="list-style-type: none"> <li>- Identifying and obtaining seed and bridge financing from internal/external sources</li> <li>- Negotiating with Finance and Budget authorities for a larger share of resources</li> <li>- Development of partnerships/exchange with other Ministers</li> <li>- Creations and installation of new capacities</li> <li>- Upgrading human resources</li> </ul>	<ul style="list-style-type: none"> <li>- Institutional Inventory</li> <li>- Comparative Budget Analysis</li> <li>- Resource Allocation Model (GOALS)</li> </ul>	<ul style="list-style-type: none"> <li>- Donor Roundtables</li> <li>- Public Expenditure Reviews</li> <li>- PSRPs and HIPC Reviews</li> <li>- Transparent Budget Processes</li> <li>- Accelerated Training Programs</li> </ul>
<b>Modifying Organizational Structures</b>	<ul style="list-style-type: none"> <li>- Fitting new missions to old organizations or creating new organizations</li> <li>- Building implementation capacity</li> <li>- Developing boundary spanning links</li> <li>- Fostering networks and partnerships</li> <li>- Enhancing cooperation and coordination among implementing agencies</li> </ul>	<ul style="list-style-type: none"> <li>- Institutional Development Framework</li> <li>- Advocacy Network Training Manual</li> </ul>	<ul style="list-style-type: none"> <li>- Policy Management Units and Commissions</li> <li>- Public/Private Partnerships</li> <li>- Inter-Agency Task Forces</li> <li>- Campaigns</li> <li>- Re-Engineering</li> <li>- Scaling Up</li> </ul>
<b>Mobilizing Action</b>	<ul style="list-style-type: none"> <li>- Developing concrete plans, performance expectations, and accountability. Creating and carrying out do-able activities</li> <li>- Identifying, creating, and/or altering incentives</li> <li>- Dealing with resistance and conflict</li> <li>- Governing the coalition and achieving compliance</li> <li>- Recognizing the importance of and mobilizing action for early success.</li> <li>- Communicating success stories</li> </ul>	<ul style="list-style-type: none"> <li>- Organizational Responsibility Charts</li> <li>- Logic Models</li> </ul>	<ul style="list-style-type: none"> <li>- Joint Problem Solving Workshops</li> <li>- Participatory Planning</li> <li>- Multi-Party Action Plans</li> <li>- Alternative Dispute Resolution Techniques</li> <li>- Innovative Incentive Schemes</li> </ul>
<b>Policy Monitoring</b>	<ul style="list-style-type: none"> <li>- Positioning monitoring in the policy and political arenas</li> <li>- Creating and positioning analytic capacity</li> <li>- Linking learning and operations</li> <li>- Establishing realistic performance standards and milestones</li> <li>- Establishing managerial mechanisms for application of lessons learned.</li> </ul>	<ul style="list-style-type: none"> <li>- Policy Monitoring Guidelines</li> <li>- Program Effort Index (API)</li> </ul>	<ul style="list-style-type: none"> <li>- Citizen Oversight Panels</li> <li>- Parliamentary Review Committees</li> <li>- Comparative Scorecards</li> <li>- International Monitoring Groups</li> <li>- Annual Reviews and Public Hearings</li> <li>- Systematic Media Oversight</li> </ul>



A very effective public process that deserves to be highlighted is the strategic workshop. Because policy implementation crosscuts the nominal authority and statutory responsibility of any individual or agency, management of policy implementation requires processes that bring the relevant parties together in ways that reduce the potential for conflict and increase the possibilities for coordination. Strategic Workshops can serve such a purpose. They are non-hierarchical and participatory, their objectives explicitly target consensus and agreement, and their emphasis on practicality helps to assure that participants address issues concretely.


Strategic Workshops integrate the technical and the process side of managing by helping groups work more effectively together on common tasks. They are frequently designed and facilitated by external resource persons thereby freeing participants to devote themselves fully to the substantive and organizational tasks at hand.

Models exist for the design of strategic workshops tailored to each stage of the policy change process. Early on in the process, workshops usually focus on issues such as:

- Do we share a common view of the problem and what needs to be done?
- What are the impediments to achieving sustainable results?
- Is there legitimacy for the issue? If not, how can it be created?
- Is it clear which constituencies support the issue or policy?
- What resources do we have at our disposal? How can these be mobilized?
- Are we properly structured to achieve the objective? If not, what needs to be done?
- Who should be invited to participate in future workshops?



[www.usaid.gov/democracy/ipc/Tn-6.pdf](http://www.usaid.gov/democracy/ipc/Tn-6.pdf)  
**Using Workshops for Strategic  
Management of Policy Reform**



“For Convenors and Moderators –  
Organizing for Public Deliberation and  
Moderating a Forum/Study Circle”  
National Issues Forums 1 800 433 7834

Another frequent topic for workshops early in the strategic management process focuses on likely sources of conflict and opposition, and how best to overcome them. For this purpose, the following list of questions is instructive:



Categories	Conflict Questions
About Issues	<ul style="list-style-type: none"> <li>▪ What are the contentious issues?</li> <li>▪ Do these issues deal with basic needs or concrete interests?</li> <li>▪ What priority do these issues have with the parties?</li> <li>▪ What is the extent of differences between stakeholders on these issues?</li> <li>▪ For how long have these issues been in contention?</li> </ul>
About Actors	<ul style="list-style-type: none"> <li>▪ Do the major stakeholders perceive that they are participating effectively in policy implementation activities?</li> <li>▪ Do these stakeholders hold extreme goals or positions on the major issues?</li> <li>▪ How flexible are the positions of these stakeholders? Are they intent on “winning” or open to compromise?</li> <li>▪ Do these stakeholders have historical enmities for each other?</li> <li>▪ Are there major differences in power or resources available to the stakeholders?</li> <li>▪ Have there been changes in the leadership among any of the stakeholders that may produce a change in position or flexibility?</li> </ul>
About Process	<ul style="list-style-type: none"> <li>▪ Are the policy formulation and implementation processes under way perceived as fair and just by all participants?</li> <li>▪ Are the dialogue and debate among stakeholders carried out in a open and free manner? Are all parties given equal access to the debate?</li> </ul>
About Strategies	<ul style="list-style-type: none"> <li>▪ Are the strategies and tactics being used by any of the stakeholders overly aggressive, threatening or provocative?</li> <li>▪ Are any of the stakeholders being evasive, deceptive or failing to participate openly in the policy implementation process?</li> </ul>
About Situation	<ul style="list-style-type: none"> <li>▪ Are external parties influencing the situation in a way that might destabilize the process?</li> <li>▪ Is there heightened public awareness of the issues that could influence or clash with any of the stakeholders’ positions?</li> </ul>

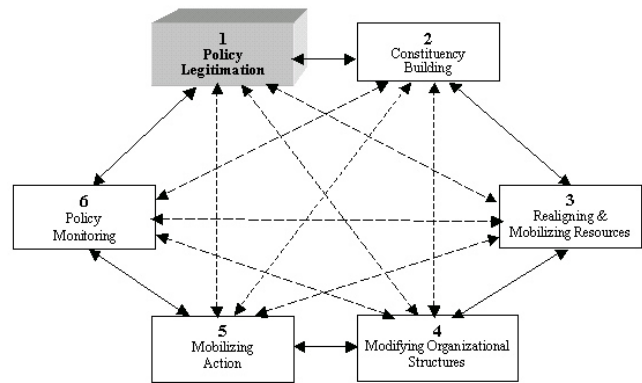
<http://www.usaid.gov/democracy/ipc/Tn-9.pdf>

**Managing Disputes & Building Consensus: Applying Conflict Resolution**

Later in the process of policy change, workshops often focus on action planning, joint problem solving, performance monitoring and conflict resolution. Regardless of topic, all workshops should be designed with the principles of simplicity, flexibility and action firmly in mind. Properly planned, the use of such workshops over the life of a policy change process creates periodic venues for taking stock of progress, comparing targets with accomplishments, revising plans, addressing conflicts, establishing and renegotiating agreements, and sustaining new behaviors among participants.

With these considerations in mind, we have selected tools for inclusion in this toolkit that can be learned on-the-job and that lend themselves to being used in a workshop setting.

## section 2: Tools



### Task #1: Policy Legitimation

The first task of effective policy change is **legitimation** – placing the need for change and the outlines of that change high on the public agenda. For example, before any policy on confidentiality of data regarding HIV/AIDS health status has a chance of acceptance, people first need to understand what assuring confidentiality means and why it is important. To create legitimacy of new policies requires the development of a prevailing view among policy leaders and a critical mass of stakeholders that the status quo is unacceptable and that viable alternatives exist. This section highlights two management tools particularly useful for achieving policy legitimation. These tools are:

**1.1 Political Mapping:** an analytical framework and graphic tool for assessing the political support for and against the government in power, and for and against specific policy changes.

*This tool is most useful in deciding how likely the ruling government is to adopt new HIV/AIDS policies, which actors are best positioned to act as champions and advocates for the change, and the best entry points for influencing the policy process. Policy mapping can be used by national AIDS activists, committed national leaders and interested international actors as a guide for determining their overall strategy – particularly decisions relating to leadership of the drive for policy change and identification of promising allies.*

**1.2 The AIDS Impact Model (AIM):** a proven process for reaching first and second tier decision-makers with substantive information about the nature and dimensions of the AIDS epidemic, alternative scenarios and policy options.

*The AIM is a powerful tool and especially useful when used in combination with policy mapping. It contributes to legitimation by raising the consciousness of important actors throughout the system as to the nature and depth of the crisis, and its likely consequences on the economy, the government and the society. It is specifically designed to extend that consciousness beyond the country's top leadership to the next rung of opinion leaders in society – what one commentator called the nation's "10,000 top leaders." The AIM effort can be launched and managed from either inside or outside the government.*





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## *Policy Legitimation*

### *tool (1.1): Political Mapping*

#### **Purpose**

The purpose of the political map is to organize information about politics so that it relates to issues a decision maker is facing. The map organizes and identifies the most important political actors and spatially illustrates their relationships to one another.

#### **Use of the Political Map**

The political map, like a geographical map, has two dimensions: a horizontal (latitudinal) dimension and a vertical (longitudinal) dimension. Along the vertical axis, the different types of political actors are organized into four sectors: external actors, social groups, political parties, and pressure groups. The purpose of the horizontal axis is to assess the degree to which each group supports the government overall, or with respect to a particular policy. Support for the government varies from core or central support to ideological or mild support, while opposition is differentiated as either legal or anti-system opposition.

Mapping can serve several purposes:

- Provide a graphic representation of the health of a regime or government.
- Tell us something about the vulnerabilities of the regime.
- Detect the existence of opposing alliances and potential support coalitions.
- Give a rather clear indication of the level of authority possessed by the regime, which is important for staking out the parameters of policy making.
- Help to indicate implementation capacity by noting the position of instrumental actors such as the bureaucracy.
- Detect new directions in policy.





## Political Map

	Opposition Sectors		Support Sectors			Opposition Sectors	
External Actors							
Sector Position	Anti-System	Legal Opposition	Ideological Support	Core Support	Ideological Support	Legal Opposition	Anti-System
Social Sectors			The Government				
Political Parties							
Pressure Groups							

### Location of Actors on the Map

The location of a group or actor on the map depends on a number of variables, and not simply the degree to which the group supports the government. In locating a group on the map there are two dimensions to be considered: first, the location of the group in terms of its support or opposition to the government and second, the position of the group to the left or the right of the regime on the map.

The placement of a group to the left or the right of the regime is often a subjective decision. The reason for dichotomizing the map is to distance those that have little in common or who differ substantially on general policy orientation, ideology, or values. Such actors will rarely form coalitions or otherwise politically participate together. When there are two powerful, but opposite, actors in opposition, they tend to cancel each other out and only present a very diminished threat to the government.

Judgments of whether one group is more progressive or conservative than the government or more or less interventionist will be situational, and will depend on the context in which one is making the judgment. Regardless of which criteria are chosen for making such decisions, the criteria ought to be clear and consistent. It might also be noted that in certain cases, the distribution of right and left can change overnight, as is the case when a socialist government is defeated by a party with neo-liberal leanings.



## Reading the Map

Reading the political map is really answering a series of questions about the map. Beginning with the center and moving out toward the extreme, consider first how the map displays the degree of support for the regime. How much support is there, and how intense or committed is that support? What is the actual number of groups in support? Are critical actors in the center or are several off to one side or another, indicating only lukewarm support? Is the support balanced, or is it over-reliant on one particular type of group, such as labor unions or the military? Then turn to the purposes the map can serve, listed above, and consider what other interpretations of the map will inform decisions on strategy. Better understanding of the political context will help those seeking change to gauge the configuration and strengths of allies and opponents to a policy.

## An Illustrative Political Map

	Opposition Sectors		Support Sectors			Opposition Sectors	
External Actors				World Bank IMF USAID		Private Banks International Investors	
Sector Position	Anti-System	Legal Opposition	Ideological Support	Core Support	Ideological Support	Legal Opposition	Anti-System
Social Sectors		Urban Workers Small Farmers Peasants Urban Middle Class	The Government			Urban Middle Class Industrialists Commerce	
Political Parties		MPD				National Republicans Liberal Party	
Pressure Groups	Fed of Socialist Labor	Confed of Workers Farmworkers Federation	Congress Govt Employees Union	Economic Council Armed Forces	Chamber of Commerce Bankers Assoc	Chamber of Industry	

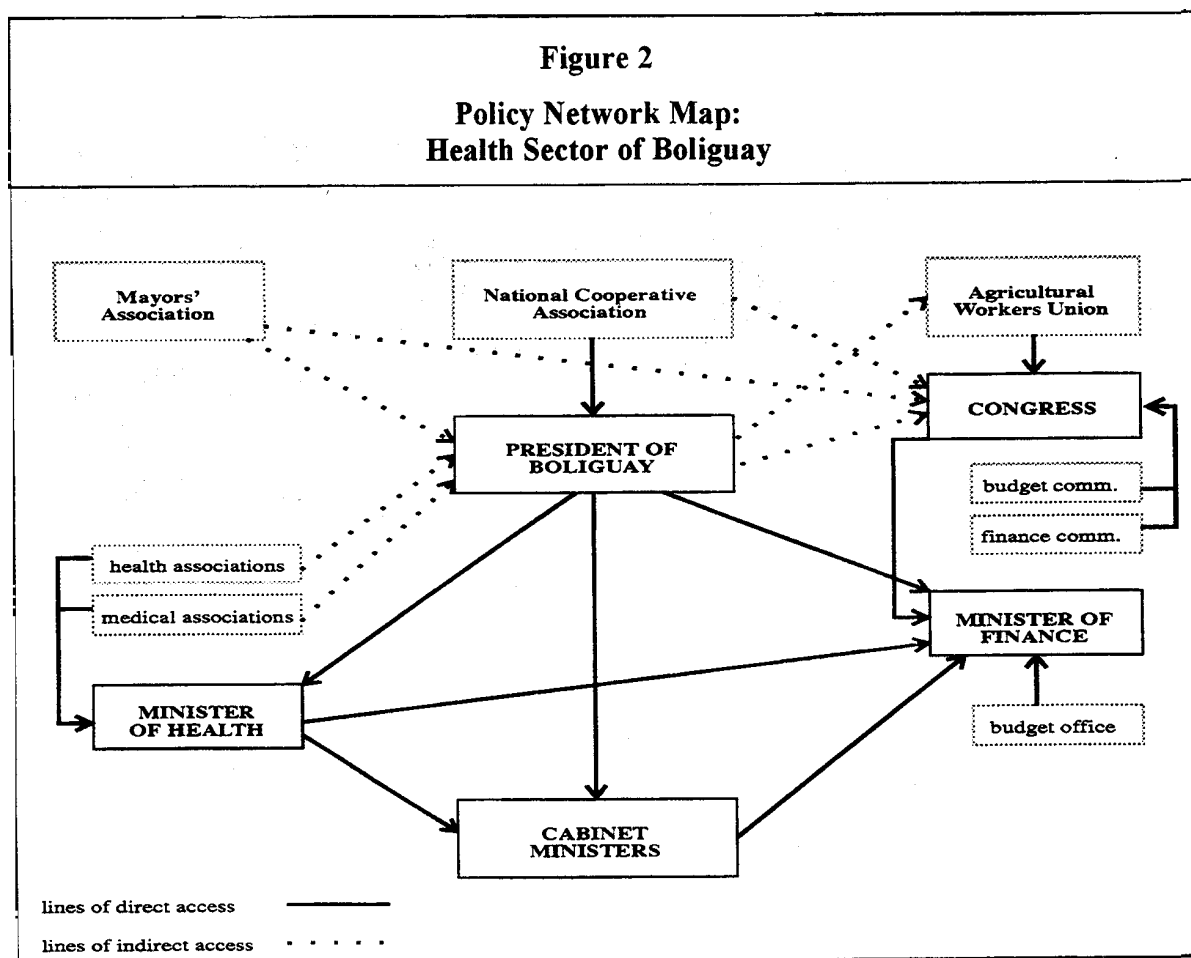
Tools also exist for political mapping at a more “micro” level with regard to specific policies or sub-policies. The most useful of these tools are Policy Network Maps that chart decision making processes and the people and groups who can influence each of these processes, and Force-Field Analysis, a technique for arraying and assessing the forces supporting or opposing a given change.





The construction of a **policy idea network map** can be extremely helpful in creating maps for specific policies. There are several steps to develop a policy network map: first, what are the different points through which a project or policy passes to become approved and implemented? Second, who are the actor(s) in charge of each step? Third, how can officials gain access to these actors? Are there other actors, though not officially part of the process, that have substantial influence over those who decide? Finally, in which ways can officials exercise influence over this process? Do they have any particular skills or contracts that might help in this process? An illustration of how this process works can be seen in Figure 2 below.

Let us assume that the Health Minister wishes to increase budget allocations in order to establish better service in rural areas. The key actors in policy decision process are the Health Minister, the Minister of Finance, the President and the Congress. But within that process there are several others who can and do influence decisions. The Minister of Finance's budget staff is charged with preparation of the budget and shapes most of the process and inter alia, many decisions about which projects will be maintained and which will be curtailed. Who then, are the members of this staff and might there be some way to gain access to and to influence them?





Among the more important constituents of the President's political party are the health workers union and the medical association. Each of these might be brought into alliance with the Minister, and then bring pressure to bear on the President. Within the Congress, it is actually the committees on budget and finance that are in charge of approving the budget submitted by the President. Might there be some mechanism to influence directly the committee or the committee staff charged with the actual preparation of legislative authorization bills for the budget? Does a certain member of the committee have a keen interest in the problems of rural health? Perhaps the Minister could bolster the member's interest with pertinent and timely information that could be used to defend the policy in committee debates or hearings.

Finally, the pressure of rather diverse groups such as the Mayors' Association, the National Cooperative Association, and the Agricultural Workers Union, might also be brought to bear. While these groups are not direct players in the policy process, in contrast to the member of Congress or the Minister, they are the eventual recipients of the policy and can be important sources of influence on elected officials such as the President or the members of the Congress.

It should be pointed out that while all these points of access are possible, to be useful, they must be mobilized. This will require initiative, time, and energy on the part of the Minister or some credible representative or delegate. If the Minister does not make the effort, it is likely that no one else will. But mere effort won't be enough. Each point of access will have to be examined for its potential for collaboration and for how much it can add to the objective of improving budget allocations for rural health.

**Force field analysis** is another, rather convenient method to illustrate support and opposition (i.e., the field of forces) to a particular policy. The technique for applying the analysis is simple and straight-forward: groups are placed on a continuum of "strongly in favor," or supportive, to "strongly opposed" to "x" issue or policy. The middle of the continuum is a neutral position. The product is a "map" of who supports and who opposes a particular policy. It is particularly useful as a "first-cut" mechanism for sorting out positions of different stakeholders, and for giving the manager a quick impression of where major opposition and support lie.

### **Necessary Support and Training**

It is important that those applying this tool be knowledgeable about political institutions and actors in their country. Although the written materials on political mapping are intended to be self-explanatory, the tool is best introduced with an intensive ½ day workshop conducted by someone knowledgeable about the tool and its applications. Models for such workshops are available.

[www.usaid.gov/democracy/ipc/Tn-5.pdf](http://www.usaid.gov/democracy/ipc/Tn-5.pdf)  
**Management & the Environment for IPC: Part Two**



### **Additional Resources: *Policy Maker***

***PolicyMaker*** is a Windows-based software program for computer-assisted political analysis. The software can be applied to any policy problem that involves multiple players with diverging interests, including health policy and HIV/AIDS. PolicyMaker brings together three methods of applied political analysis. The software:

- uses political mapping techniques to analyze the political actors in a policy environment
- incorporates techniques of political risk analysis in order to provide quantitative assessment of whether a policy is politically feasible
- employs methods of organizational analysis and rule-based decision systems, in order to suggest strategies that can enhance a policy's feasibility

Information on *PolicyMaker* can be found at <http://www.polimap.com>  
Description of *Policy Maker* adapted from “Applied Political Analysis for Health Policy Reform” by Michael R. Reich at same website.







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## Policy Legitimation

### tool (1.2): *The AIDS Impact Model (AIM)*

#### **Purpose**

The AIDS Impact Model (AIM) is a computer program and information dissemination tool with an objective to build political support for HIV/AIDS programs. It does this by:

- Analyzing, developing, and presenting information about the current status of the HIV/AIDS epidemic and making projections about its likely future course.
- Analyzing and presenting the impact of the epidemic on health and the social and economic well-being of the nation.
- Describing proven interventions that reduce transmission, protect families, reduce stigma, and improve the lives of those who are either infected or affected.
- Providing a forum in which issues and policies related to HIV/AIDS can be discussed openly.
- Mobilizing awareness, commitment, and political will to support and provide funding for AIDS programs.

#### **Use of the AIM Activity**

AIM and the associated activities are designed to analyze the HIV/AIDS situation in a country, produce accurate information about the likely course and impact of the epidemic, package that information in an attractive media presentation, and reach out to leaders at all levels of society. There are six major steps involved in planning and implementing AIM activities.

1. ***Conduct a preliminary review of the epidemiological information base and political environment of HIV/AIDS in the country and analyze the AIM process.*** Decide whether to use the AIM process to try to build leadership support for HIV/AIDS programs in the country. Examine the requirements and costs of implementing the AIM activity, estimate the required scope of activities, and begin to specify institutional arrangements and stakeholder groups that will become involved in implementation and dissemination activities.
2. ***Collect data and use AIM and its associated programs to analyze the HIV/AIDS situation and make projections of the epidemic's impact on society.*** This normally involves mobilizing a group of experts who analyze the data; make the necessary assumptions; critically examine both the input and output of the model; and produce graphs, charts, and tables that will make up the content for the presentations.





3. ***Produce presentations and print booklets or brochures that will support the dissemination process.*** At least one, but often multiple presentations are aimed at different levels or types of leadership or professional audiences. These can take the form of computer-generated images using presentation software, color overhead transparencies, color slides, or posters. An application will typically produce written materials to hand out to target groups; these provide “take-home” materials intended to support leaders as they speak to other groups or plan HIV/AIDS intervention activities.
4. ***Train presenters.*** Depending on the scope of activities, this may involve training just a few or many dozens of presenters who will be expected to deliver 30- to 60- minute presentations to a variety of audiences. It takes 5 to 10 days, depending on the level of experience of the trainees, to train mid-level professionals to effectively deliver an AIM presentation. This usually includes selecting, prioritizing, and analyzing target audiences.
5. ***Design the overall dissemination plan and develop the institutional support arrangements needed to provide presenters with transport, per diem, equipment, and materials.*** Small dissemination efforts may not require much support, but larger dissemination programs can require more complex and extensive levels of logistical support. (This is carried out concurrently with earlier steps.)
6. ***Design and use monitoring and evaluation systems to assess progress, identify problems, redesign materials, and measure the impact of the overall program.*** It is never enough to just make presentations. If solid political support for HIV/AIDS programs is to be developed and sustained, careful and purposeful use of monitoring and evaluation methods is required.

### **Case Study: AIM Activities in Kenya**

In 1991, there was little political support for AIDS activities in Kenya. There was a small AIDS Control Program with a resident advisor from the Global Program on AIDS. However, the government of Kenya contributed no funds to the program. The government was skeptical about the gravity of the AIDS epidemic and considered it a threat to tourism. Moreover, a controversy regarding the purported AIDS drug, Kemron, mistakenly led many Kenyans to believe that there was a cure for AIDS.

The Kenyan National AIDS/STDs Control Program (NAS COP) implemented the AIM activity with technical assistance from the RAPID IV and POLICY Projects of USAID. The purpose of the AIM activity in Kenya was to increase awareness and knowledge about the AIDS epidemic in Kenya in order to build a broad consensus in support of effective AIDS interventions. The general objective was to increase awareness of the need for effective action to slow the spread of HIV and NAS COP expected that the AIM activities would contribute to achieving the following specific outcomes:

- Statements by leaders that AIDS is a priority problem for Kenya.
- Adoption of a multisectoral approach to AIDS interventions.



- Inclusion of a section on AIDS in the National Development Plan, with realistic goals and budget levels.
- Establishment of an effective National AIDS Council with a strong leader and the backing of the President.
- Establishment of a financial mechanism for funding government AIDS activities that satisfied both the government and donors.
- Recognition of STD control as a priority program.
- Establishment of budget line items for AIDS control activities in key ministries.
- Incorporation of family-life education into school curricula.

The initial target audience included the 10,000 most influential leaders from the public, private, NGO, and community sectors. NASCOP trained presenters, including a number of consultants, and provided them with equipment, materials, booklets on “AIDS in Kenya,” travel support, and a small allowance. They established a formal program of reporting for the hundreds of presentations that were required to reach the target audiences, and they developed a one-page report format that included information on the presenter, the audience, questions that were raised, and topics that were discussed. On the basis of this feedback, they also prepared a new section of the Kenya AIM booklet on “Frequently Asked Questions.”

Since the initial AIM activities were started in 1992, presenters have made hundreds of presentations to groups at all levels of Kenyan society. The major sectoral ministries gave a second round of presenter training to “HIV/AIDS Focal Persons.” Later, the Kenya AIDS NGO’s Consortium (KANCO) and its members became involved in the dissemination of presentations and AIM booklets. By the year 2000, there had been five printings of the booklets involving over 100,000 copies. *The Daily Nation*, a national newspaper, serialized the AIM booklet. When a presenter makes an AIM presentation, members of the audience approach the presenter to ask about coming to speak to their group or organization.

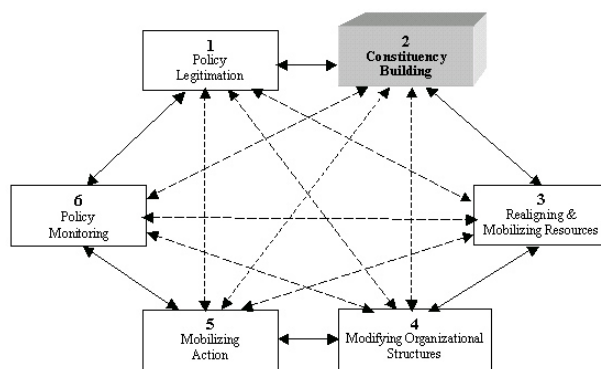
There have been many impacts from these activities. Many district development committees responded by establishing district AIDS committees under the chairmanship of the district commissioner. The National Development Plan (1995 to 2000) contains a chapter on AIDS. It was mandated that all District Development Plans include a chapter on the response to AIDS. Budget allocations by the government increased markedly in 1996 with the support of ministries other than the Ministry of Health, partly as a result of AIM presentations and training for those ministries. The President saw the AIM presentation and made a formal declaration that AIDS was a national disaster in Kenya. This level of political commitment is a basic requirement for the full mobilization of national resources to combat the epidemic.



## Necessary Support and Training

An AIM computer model and its accompanying manual can be obtained either from the Futures Group website or through its POLICY Project. Effective use of the computer model requires the initial presence of a professional facilitator/trainer familiar with the model. The model requires data to build a demographic projection and data on surveillance figures to calculate the HIV/AIDS prevalence. In order to recognize the impacts of AIDS on the socio-economic sectors, the model requires information on different variables from the social sectors being considered. The model application may require many iterative and consensus-building workshops for determining the data inputs that may involve the scientific, government, NGO and donor community. The AIM approach relies upon the development of an effective dissemination plan to achieve the best results for advocacy. Guidance for collecting data and creating effective dissemination plans is included in the manual.





## Task #2: Constituency Building

The second task critical for implementing policy change is **constituency building** – lining up support for the change. Assembling and mobilizing support sufficient to overcome inertia and active opposition requires purposeful development of networks and coalitions willing and able to contribute tangible financial, personal and political resources to the change effort. Strategic management tools that have proven helpful in this task and that are highlighted in this section include:

**2.1 Stakeholder Analysis:** a planning tool for identifying potential supporters and opponents in terms of their interests, positions and resources.

*Stakeholder Analysis is arguably the most versatile tool in the toolkit. It can be used by virtually any actor to better appreciate what is and is not possible; to identify likely supporters and opponents; to shape coalitions; and to fashion strategy for bringing about change.*

**2.2 Advocacy Strategy Profile:** a graphic tool and set of considerations for evaluating alternative advocacy approaches and building an advocacy organization.

*The ASP is primarily for use by advocacy organizations, networks and coalitions. It is intended to help these organizations determine which of several advocacy strategies is most appropriate given the political context in the country, the resources available to the organization, and the organization's basic structure. The second part of the tool extends the analysis by providing a useful checklist of activities for advocacy organizations and a simple format for setting priorities and assessing progress.*

### Additional Resources:

[http://www.usaid.gov/regions/afr/hhraa/advocacy/ad\\_eng\\_intro.pdf](http://www.usaid.gov/regions/afr/hhraa/advocacy/ad_eng_intro.pdf)  
**An Introduction to Advocacy: Training Guide**  
by Ritu R Sharmu USAID/AFR SARA Project

<http://www.policyproject.com/pubs/advocacy.html>  
**Networking for Policy Change: An Advocacy Training Manual**  
(or see Section 4.2 below)



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## Constituency Building

### tool (2.1): Stakeholder Analysis

#### Purpose

The purpose of stakeholder analysis is to inform the process of constituency building by identifying and examining potential sources of support and opposition for a particular policy change. It is a graphic presentation of key stakeholders along with their interests, positions, and resources relevant to that policy. It can be carried out by either independent analysts or host country managers, and often benefits by combining these two groups into a single stakeholder analysis team.

Stakeholder analysis is useful both when policies are being formulated and when they are being implemented. At the formulation stage, they help to ensure that policies are shaped in ways that improve their prospects for adoption and implementation. And during the implementation stage, the tool helps build an appreciation of the relative importance of different groups and the role each might play in the implementation process.

#### Use of the Stakeholder Analysis

The stakeholder analysis is presented in a tabular format with five columns and as many rows as there are relevant stakeholders.

Group	Group's Interest in Issue	Resources	Resource Mobilization Capacity	Position on Issue

The first column (Group) presents a list of relevant stakeholders. Although a full listing of stakeholders would include any person or group affected by, or able to affect, a given policy, for purposes of this analysis, stakeholders are considered relevant if and only if the group or actor has significant mobilizable resources that can be applied for or against the implementation of the policy. The best way to develop a first draft of this list is usually in a brainstorming session with 6-10 knowledgeable practitioners. It is not unusual for such brainstorming sessions to identify 20 or 30 significant stakeholders. This preliminary list is usually edited by the study team and used as a point of departure for the analysis.





The second column (Group's Interest in Issue) lists, for each stakeholder, those interests that will be affected by the policy or decision to be taken. What are the group's specific interests in the policy? The analyst should be careful to select only those two or three interests and/or expectations that are most important. For example, if the policy was to require that certain health insurance policies cover HIV/AIDS, insurance companies' interests would include what services would be covered and how the new requirements would be regulated. People living with HIV/AIDS' interests might be related to qualifications to receive insurance and how expenses would be reimbursed.

The third column (Resources) identifies those resources that the group possesses that could be brought to bear in the decision making or implementation of the policy. Can the group offer some special knowledge or information? Would the group's status and presence on one side of the issue be key to its implementation or blockage?

Column 4 (Resource Mobilization Capacity) describes the ease and speed with which the group can mobilize and deploy its resources. Quickly mobilizable resources are advantageous if the issue has immediacy, but less so if the impact of the issue is further out into the future. If the group cannot mobilize or make effective use of its resources, then they are not really resources in any meaningful sense of the word. The analysts' judgment regarding mobilization capacity should be noted.

Finally, in column 5 (Position on Issue) the group's position regarding the issue should be examined and noted. Judgment should be more discrete than a simple for or against. It should give an indication of the strength of the group's opposition or support (using, for example, a -3 to +3 scale). If a group is barely in favor of an issue, a convincing argument could be enough to change its position.

There are various ways in which the information needed to complete a stakeholder analysis may be collected. The most common approach is a series of key informant interviews with journalists, religious leaders, business leaders, heads of political parties, university professors, labor leaders, military officials, government leaders, local think tanks, community activists, other opinion leaders and donor officials. Other information collection techniques can also be used – particularly focus groups and workshops.

While stakeholder analysis is certainly helpful to gain a better understanding of the interests and resources of the important players for policy decision-making and implementation, it is even more valuable when used in conjunction with other strategic management tools such as political mapping or Force Field Analysis (See Section 1.1 above). With political mapping, stakeholder analysis can help to refine the placement of political groups on the map. In the case of Force Field Analysis, it helps clarify a group's position as well as the comparative importance or salience of the group.





## Stakeholder Analysis: Policy on Expanded Insurance Coverage for HIV/AIDS

*As part of a workshop with service providers in Kenya, a quick analysis was done to identify key stakeholders with respect to the provision of insurance coverage for HIV/AIDS. The resulting analysis (see below), while not pretending to be either complete or scientific, proved to be immediately useful to the group in discussing possible strategies for broadening the base of support for policy change in this area.*

List of Stakeholders	Resource Mobilization Potential	Position (-3 to + 3)
Insurance Companies	H	0
Commissioner of Insurance	H	+1
Underwriters	M	0
HIV Negative Policy Holders	L	-2
National Health Insurance Fund	L	+2
Ministry of Health	M	0
Medical Practitioners' Association	H	+3
Hospitals	M	+2
Drug Manufacturers	H	+3
Vendors of Drugs and Medical Supplies	L	+3
People with HIV/AIDS	M	+3
AIDS Networks	M	+3
National AIDS Control Council	H	0
Private Employers	H	-3
Banks and Mortgage Companies	M	+1
Trade Unions	H	+3
Ministry of Finance	H	-2
President	H	0
Parliament	M	+1
Human Rights NGOs	L	+1
NGO Council	M	0
Churches	H	+1
Media	H	0
Donors	H	+1

### Alternative Strategies Suggested:

- Begin with stakeholders possessing strongest support (+3), then add next concentric circle of supporters, etc.
- Look for people able to bridge/link to other groups and other concentric circles based on nature of the group (i.e., in both camps) and/or personal/collateral relationships
- Begin at the top – Presidential initiative; big tent
- Work with or involve like-minded legislators and legislative staff
- Divide stakeholders into those with high support (but minimal resources) and those with high resources (but minimal support); use the first group to articulate strategies and then strategize about how to reach out to the second group in terms of interests.
- Bring in the insurance companies early



## Health Sector Reform in Ecuador: Strategic Management for Constituency Building

Health sector reform in Ecuador has remained a politically charged issue ever since it appeared on the political agenda as part of broader privatization reforms initiated in 1993. Developing politically acceptable reform measures and sustaining implementation across successive political administrations has been difficult, and progress has not always matched expectations. In 1998, USAID/Quito supported technical assistance in strategic management to help the Ministry of Health (MOH) reform team improve prospects for implementation. The Partnerships for Health Reform (PHR) project provided the assistance, using a variation of the stakeholder analysis and political mapping tools. The policy chosen was new forms of resource allocation within the MOH, which included two main components: a) deconcentration of the MOH, and b) results-based resource allocation.

The MOH reform team conducted a stakeholder analysis exercise that targeted sources of support and opposition to the policies, and ranked constituencies on a leadership and power scale. The team's findings included the following:

- The most influential stakeholders were, for the most part, outside of the MOH, and included for example, the powerful labor unions, doctors and nurses associations, and employers associations. Provincial governors were also important.
- Stakeholders had relatively little knowledge of the policies' specific provisions.
- Stakeholders saw the MOH top leadership as opposing the policies and did not see the minister as a strong proponent for change.
- Stakeholders conditioned their support for policy implementation on several factors: clarity, transparency, and continuity of the policy implementation process; increased participation in the reform process; and demonstration of positive results in the short and medium term.

Based on this analysis, the reform team developed an advocacy strategy to increase the chances of effective implementation of the resource allocation policies. The strategy proposed the following steps:

- Clarify and communicate the objectives and benefits of the new resource allocation policies to all stakeholders within the context of decentralization, privatization, and self-financing of health services.
- Inform stakeholders more consistently on results achieved from the implementation of deconcentration measures and new resource allocation mechanisms.
- Develop new modes of stakeholder participation to strengthen support from positive constituencies and reduce opposition from negative ones.
- Empower current and potential supporters of the policies to become more active champions for reform.

### Necessary Support and Training

The materials presented in this toolkit and in the referenced technical note are intended to be self-explanatory. It is, however, extremely helpful to conduct all or part of the stakeholder analysis in a workshop setting with a trained facilitator. Completing the activity in a workshop setting provides for increased comparison of perspectives and can foster teamwork. While not absolutely necessary, it is also very helpful to have access to a resource person with prior hands-on experience producing and interpreting stakeholder analyses.





## Constituency Building

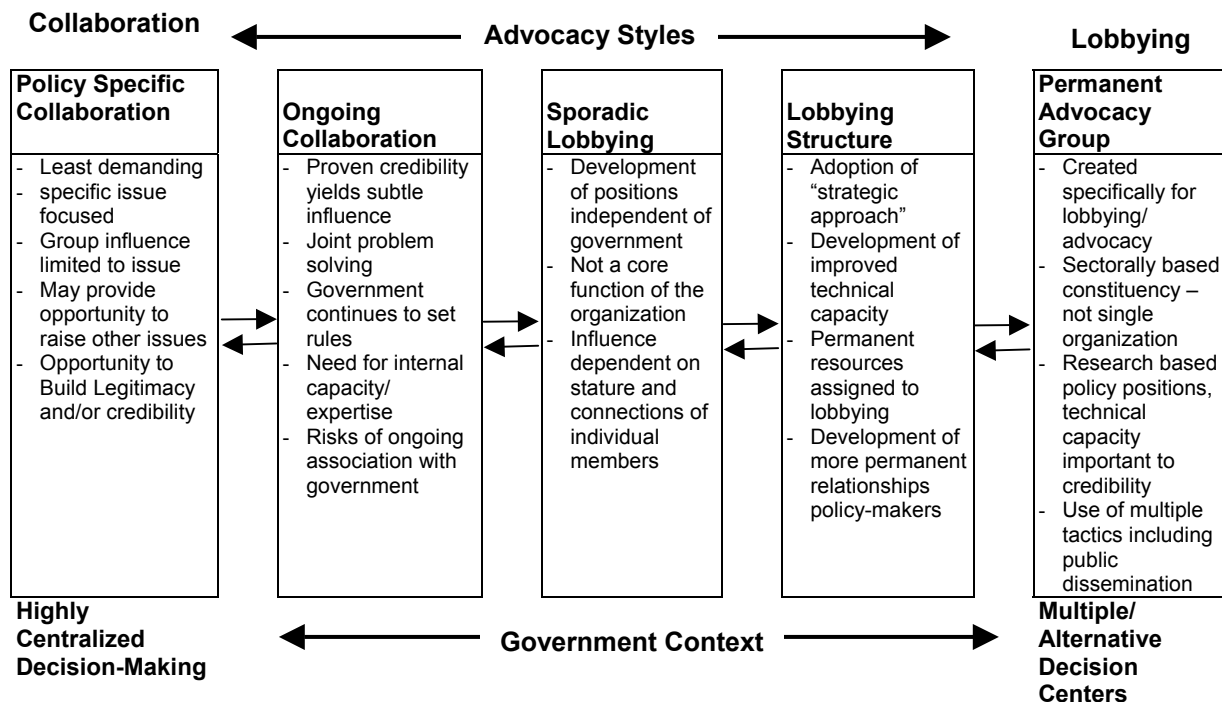
### tool (2.2): Advocacy Strategy Profile

#### Purpose

The Advocacy Strategy Profile (ASP) is a decision support tool that helps policy advocates outside of government choose the best approach for constructively engaging with the government. It is based on the premise that advocates need to adopt very different approaches when operating in a highly centralized decision-making **environment** than they do when dealing with multiple or decentralized decision-making regimes. Among the other relevant factors that should influence advocacy strategy are the **resources** available to the advocacy organization and the group's **structure**.

The Profile distinguishes five different advocacy models that make up a continuum. At one end of the continuum are approaches based on full collaboration with the government and limited to a specific policy. At the other end of the continuum are permanent advocacy groups dedicated entirely to lobbying government on behalf of members' concerns and interests.

#### Collaboration-Policy Continuum





## Use of the Profile

To complete the Profile, an analyst or the leadership of the (potential) advocacy group identifies the prevailing situation, as they see it, with regard to each of 11 factors (see below). Each is scored subjectively from 1 to 5 and an “X” placed in the appropriate box on the grid. If those preparing the Profile differ in their views regarding the proper rating of a given factor, they should discuss the issue until they reach agreement or, if that fails, should combine their ratings into an average.

After scores have been agreed upon for each factor, a line is drawn connecting the “Xs.” In general, the placement of the line from left to right corresponds with the five advocacy approaches indicated in the figure above. For example, if the line is often to the far left, the suggested approach would be collaborative. Often, however, the line connecting the “Xs” is not a straight one. Under these conditions, the Profile should be used as the basis for an active discussion within the organization about the opportunities and risks associated with different advocacy models and whether it is possible to move some factors from left to right on the Profile. In the case illustrated below for example, it would probably make the most sense for an Advocacy Group to begin working with the Government in a collaborative and informal way.

### Advocacy Strategy Profile: Part I (Sample)

		1	2	3	4	5	
<b>Political Environment</b>	Highly centralized decision-making		X				Decentralized decision making
	Undifferentiated decision-making (Executive Branch)		X				Alternative decision makers (legislatures, local government, courts, etc.)
	Ineffective means for accountability	X					Effective public accountability
	Hostile to reform initiatives		X				Receptive to reform initiatives
	Little tradition of participation	X					Tradition of participation
<b>Resources Available to Group</b>	Limited human resources		X				Extensive human resources
	Limited technical resources		X				Extensive technical resources
	Limited/unsustainable financial resources	X					Extensive/sustainable financial resources
<b>Group's Organizational Structure</b>	Mixed public-private sector participation			X			Exclusively non-governmental
	Temporary organization		X				Permanent organization
	Policy influence as only activity			X			Many activities in addition to policy influence



[www.usaid.gov/democracy/ipc/Mn-3-ms.pdf](http://www.usaid.gov/democracy/ipc/Mn-3-ms.pdf)  
**Increasing The Influence Of The Private Sector In Policy Reforms In Africa**



Regardless of structure and approach, effective advocacy organizations need to perform certain functions. Part II of the Advocacy Strategy Profile helps the members of those organizations and third parties determine where specific organizations are most in need of strengthening. It is in the form of a list of strategic actions (see figure below) each of which is to be scored from 1 (no action yet taken) to 5 (fully effective). Intermediate ratings necessarily involve subjectivity on the part of those doing the ratings. Items scoring 2 or less are candidates for attention as the organization seeks to deepen the effectiveness of its lobbying and advocacy efforts.

### Advocacy Strategy Profile: Part II

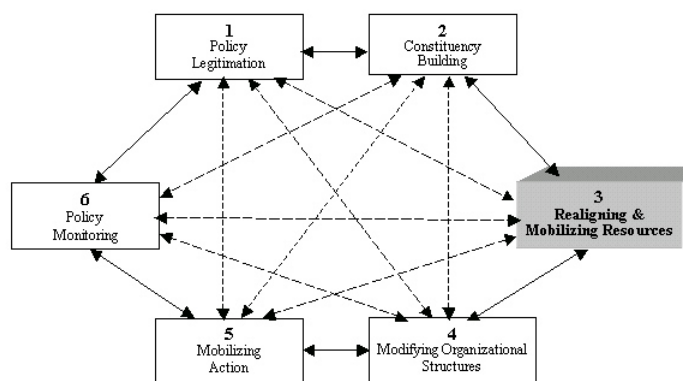
Action Taken?					Advocacy Activities	Priority in next 6 months?
1	2	3	4	5		
					<b>Advocacy group becomes more informed about policy issue and its impact on their interests and constituents:</b>	
		X			Group collects information on policy issue from relevant sources.	
	X				Group analyzes policy and related issues and examines impact of policy elements on group interests. Impacts should be quantified where appropriate.	
	X				Group analyzes positions and interests of other stakeholders on the issue.	
	X				Group analyzes and understands decisions making process for this particular issue.	X
		X			Group analyzes and understands political environment for policy issue – understands the nature of support and opposition for the issue.	X
					<b>Advocacy group formulates a position and strategy for advocacy on the issue:</b>	X
		X			Group formulates position on the issue in a participatory manner.	
	X				Group develops a written statement of its position on the issue (clearly stating policy interests and action required for implementation of the policy).	
	X				Presentation materials are developed using attractive, attention getting techniques (short, punchy, and to the point).	X
		X			Strategy is developed for lobbying and advocacy on the issue (strategy should outline where resources for the lobby effort will come from and indicate who will do what, when, and how).	
					<b>Advocacy group develops strategic alliances or develops/participates in coalition supporting policy change:</b>	
	X				Group examines needs for participation in coalition or alliance on policy issue, and clearly understands cost and benefits.	
	X				Joint meetings held to examine mutual interests and negotiate terms of joint actions, responsibilities of each partner... and to examine needs for acquiring other resources (e.g., collaboration of think tanks, international organizations).	X
X					Coalition, alliance, network formed with clear understanding of each partner's role. Position statements and supporting presentation materials developed. Strategy for coalition activity developed and resources identified for carrying out actions.	
	X				Joint actions planned and executed – including the development of public forums, lobbying, media campaigns, etc.	X
					<b>Advocacy group implements strategy for issue advocacy:</b>	
	X				Press releases, public forums held on issue, participation on local talk shows, etc.	X
X					Policy papers disseminated.	
		X			Members initiate direct action to become "opinion leaders" on issue.	
	X				Lobbying campaign initiated and sustained.	
X					Group develops scorecard on actions taken and results achieved.	

### Necessary Resources and Training

Advocacy Strategy Profile: Part II

Although no special training or technical assistance is required to use this tool, the tool is best used in a workshop setting and benefits greatly from the presence of a professional facilitator.





## Task #3: Realigning and Mobilizing Resources

The third task involved in successful policy change is **realigning and mobilizing resources** – bringing together or generating the human, financial, organizational and information resources required to implement the new policy. This requires an ability to determine the gaps between the status quo and what is needed. Much attention is currently being devoted to the issue of financial resources. UNAIDS and various others have refined the use of National Health Accounts and related tools for analyzing government budgets. This manual highlights three tools particularly useful for looking in a strategic way at institutional and human resource gaps, namely:

**3.1 Institutional Inventory:** a structured framework for highlighting institutional weaknesses and gaps with regard to policy formulation, approval and implementation.

*The Institutional Inventory is intended to help policy makers in the executive and legislative branches, leaders of national coalitions, donors and democracy activists to survey the adequacy of basic institutions for making and implementing HIV/AIDS policy. It is also intended as a guide to these groups as they prioritize their efforts to strengthen these institutions.*

**3.2 Comparative Budget Analysis:**

*Comparative Budget Analysis is a common metric for tracking a country's financial contributions to combating HIV/AIDS over time and for comparing its expenditure levels and patterns of spending to those of other countries. The most common measures are expenditure per capita, and the breakdown of that expenditure – especially, public versus private and preventative versus curative. This information can be especially helpful to activists and implementers trying to convince decision makers to increase overall levels of HIV/AIDS expenditure in their countries or to increase expenditure on specific areas.*

**3.3 Resource Allocation Models (GOALS):** an interactive computer program that can be used to improve resource allocation decisions.

*The GOALS model is designed to support the decision making process. It does not provide specific answers as to how the resources should be allocated but rather provides information to decision makers about the various options.*



### ***Additional Resources***

In addition to these tools, there are various bottom-up techniques and procedures intended to help communities or whole nations inventory in a more subjective way their assets and needs. Particularly noteworthy in this regard is the use of “appreciative inquiry” to draw attention to existing strengths and successful models.

#### **The Thin Book of Appreciative Inquiry**

by Sue Anis Hammond

[www.thinbook.com](http://www.thinbook.com) 1 888 316 9544





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## *Realigning and Mobilizing Resources*

### *tool (3.1): Institutional Inventory*

#### **Purpose**

The purpose of the Institutional Inventory is to identify critical gaps in the array of institutions available to formulate, debate, adopt and implement important policy changes. Because these reforms call for complex intervention by more than a single department or organization, the natural tendency to use the principle of hierarchy to structure multi-organizational relationships does not typically work well in these situations. What are needed are effective arrangements for airing issues, making decisions, resolving disputes and taking action. By systematically arraying the institutions available to perform these functions, the Inventory focuses host country officials' and donors' attention on those structures most in need of strengthening or reform.

#### **Use of the Institutional Inventory**

The Inventory distinguishes four types of institutions – Forums, Arenas, Courts and Agencies.

**Forums** are events, meetings, or settings designed to exchange information and opinion, promote dialogue, and identify issues requiring action. They are typically broadly participatory assembling government officials, politicians and members of civil society to air views on the impact of current policies or the desired shape of new policies. Examples include town meetings, parliamentary hearings, workshops and seminars. They do not necessarily have to be face-to-face; electronic networks, radio and television debates and print exchanges also qualify.

**Arenas** are the places where policy decisions occur. They can include discussion and debate, but they differ from forums in that binding decisions are made. Policy arenas can include cabinet meetings; legislatures; parliamentary committees; regional or local governing commissions; governing bodies of NGOs or Community Based Organizations (CBOs); and inter-organizational councils.

**Courts** are venues where disputes over the interpretation or implementation of policies can be adjudicated or resolved. These disputes include, but are not limited to, formal legal cases. In this sense, “courts” contain both the judicial structures familiar to most and other dispute resolution mechanisms. In democratic societies, it is also relevant to consider the court of public opinion, i.e., points of view of members of the public voiced through the media or other venues.



**Agencies** are the entities charged with taking policy implementation actions. They can include federal, state and local government agencies; international organizations; non-governmental and community- based organizations; private firms; coalitions; and ad hoc citizen groups.

Besides their obvious relevance to democratic governance, why should people concerned with policy change care about these structures and venues, and the differences among them? The reason is because each of these four types of institutions is directly related to one or more of the six tasks involved in policy change; and weaknesses in any of the four areas will seriously undermine the ability to make the necessary changes.

In general, forums are the principal venues for policy legitimation and constituency building. Arenas contribute to constituency building and are central to resource mobilization and realignment. Agencies play the predominant role in organization design, mobilizing actions, and carrying them out. And Courts play their most important role in monitoring policy implementation and policy effectiveness, and in responding to the demands of those negatively affected by policy changes.

The Inventory form is divided into quadrants representing the four categories of institutions described above. In each quadrant list the existing institutions (formal or informal) or venues that perform the designated function with regard to the policy area under review. It is useful at this stage to list as many institutions as possible in each quadrant.

### **Institutional Inventory**

<b>Forums (discussion)</b>	<b>Arenas (decisions)</b>
<b>Courts (adjudication)</b>	<b>Agencies (implementation)</b>

Use the Institutional Protocol following this chart to analyze each of the four categories of institutions. The Protocol includes questions regarding the nature and adequacy of the currently available institutions in each category. Answering the questions provides information to determine the strength and relevance of institutions in each category and among the four categories.



## **Necessary Resources and Training**

While the Inventory can be completed by professional analysts, the tool's primary utility is to promote dialogue among key actors regarding the adequacy of existing institutions and the steps needed to strengthen or reform them. For this reason, it is often best to use a workshop setting and facilitator for completing the tool and discussing its implications. It is helpful, but not entirely necessary, to have a resource person present who is familiar with the application of the Institutional Inventory in other contexts or countries.







**Institutional Protocol**  
(filled out separately for Forums, Arenas, Courts and Agencies)

- 1 Do these institutions enjoy the respect of policymakers?
- 2 Are these institutions seen by society as credible and legitimate?
- 3 Do these institutions have a clear and adequate mandate to deal with the policy issue in question?
- 4 Do these institutions have the technical capability to deal with the policy issue in question?
- 5 Are these institutions motivated to deal with the policy issue in question?
- 6 Are these institutions accessible, accountable and transparent?
- 7 If the answer to any of the above questions is “no”, what actions can be taken to improve the situation?

INSTITUTIONAL  
PROTOCOL

[www.usaid.gov/democracy/pdfs/pnach306.pdf](http://www.usaid.gov/democracy/pdfs/pnach306.pdf)  
**Policy Implementation: What USAID Has Learned**

**Leadership for the Common Good**  
Bryson, John and Crosby, Barbara.  
1992. Jossey-Bass publishers



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## *Realigning and Mobilizing Resources*

### *tool (3.2): Comparative Budget Analysis*

#### **Purpose**

Templates for comparative budget analysis are among the most powerful tools available for advocates and analysts seeking to realign existing resources and mobilize new ones to effectively combat HIV/AIDS. These templates permit cross-country and cross-regional comparison of expenditures and their pattern of allocation and invite such questions as:

- Why are we spending so much less per person on prevention than they are in Country X?
- Why is our pattern of expenditure so biased towards urban areas?
- Why do employers pay a smaller proportion of total costs in our country than employers in other regions of the world?

#### **Use of Comparative Budget Analysis**

In addition to its value in identifying areas of particular deviation, comparative information can be used to publicly pressure governments to increase or realign the resources they commit to HIV/AIDS. UNAIDS has been a pioneer in the development and application of such templates, particularly in Latin America. While more work needs to be done before templates are available for consistent and simple application, a foundation has been laid.

A second form of comparative budget analysis relates patterns of expenditure on HIV/AIDS to a country's stated priorities for fighting the disease. In this case the purpose of the comparison is to highlight those areas where stated priorities lack needed resources. The POLICY Project and others have developed useful experience in the development and the use of this kind of comparative data.



A third useful approach to comparative budget analysis is represented by the National Health Accounts (NHA) developed by the Partnership for Health Reform Project. NHAs are designed to give a comprehensive description of resource flows in a health system, showing where resources come from and how they are used.

NHA can be used to:

- Compile descriptive statistics of the health sector
- Describe the flow of funds throughout the system
- Assist policymakers in setting health care policy priorities
- Assess the performance of health systems
- Identify areas in the health sector where equity in the distribution of care can be improved

The most comprehensive attention to HIV/AIDS in the context of NHA is a recent study of Rwanda. Comparable studies are planned for additional countries.

**Rwanda National Health Accounts 1998**

Pia Schneider, et. al (2000)

[http://www.dec.org/pdf\\_docs/PNACM247.pdf](http://www.dec.org/pdf_docs/PNACM247.pdf)





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## Realigning and Mobilizing Resources

### tool (3.3): Resource Allocation Model (GOALS)

#### Purpose

The Resource Allocation Model (GOALS) is an interactive computer program that can be used to improve resource allocation decisions for HIV/AIDS programs by enhancing the understanding of decision makers about the impact of budget decisions on the achievement of HIV/AIDS goals. The model can be used to explore answers to questions such as:

- How much funding is required to achieve the goals of the HIV/AIDS strategic plan?
- What is the best way to allocate resources if the total budget is fixed?
- What goals are achievable given available funding? Goals may be described in terms of reductions in HIV incidence or prevalence and coverage of essential prevention, care, treatment and support services.

#### Use of the Resource Allocation Model (GOALS)

The GOALS model is designed to support the decision making process. It does not provide answers specifying how resources should be allocated. Rather it provides information to decision makers about the consequences of different options. The intent is to improve resource allocation decisions by providing better information to decision makers about the consequences and trade-offs involved in resource allocation decisions. There are five major steps involved in using GOALS.

1. **Form national team to implement the model.** The model needs to be implemented by a national team that can be trained in the use of the model and can apply it to the national strategic plan. This team will generally receive some initial training in the use of the model and extensive on-the-job training as the model is set-up and used.
2. **Collect data on HIV prevalence, sexual behavior, and the costs of prevention and care programs.** The GOALS model contains a large amount of information obtained from published studies on the cost and impact of prevention and care programs. This information can be used or replaced with locally available data. It also requires national data on the population size and distribution, adult HIV prevalence and sexual behavior (condom use and number of partners).
3. **Adapt the model to the national strategic plan.** The model is designed to show the consequences of allocating funds to various prevention, care and treatment programs. To do this the model needs to be adapted to the activities in the strategic plan. This may require adding some line items for activities that are in the plan but not in the model, or mapping the budget categories in the plan to those used in the model.
4. **Conduct resource allocation workshop.** In most applications the model will be used in a workshop with decision makers. The workshop will be an interactive session where participants will try out different resource allocation strategies and see the consequences.



Participants may use the model to examine different types of issues, such as “Which prevention interventions are most cost-effective?” “How much funding is required to achieve national coverage for the most cost-effective interventions?” “How much funding is required to provide palliative care to everyone who needs it?” “How many people can be treated with HAART with available funds? How would that change if drug prices were lower?” As various options are tested with the model the participants will gain a better understanding of the trade-offs involved and the amount of funding required to achieve the goals.

5. ***Follow-up on workshop outcomes.*** A variety of workshop outcomes are possible. Ideally the model is applied as part of the overall planning process. In this case the model may be used continuously as goals are revised and funding plans are developed. The workshop may result in a new budget for the plan, or a commitment to raise additional funds to pay for essential programs. Reports and presentations may need to be prepared in order to disseminate the results to national decision makers, donors and program partners.

### **Case Study: Strategic Planning and Resource Allocation in Lesotho**

The HIV/AIDS epidemic has hit hard in Lesotho. By 2000 about 25 percent of adults 15-49 were infected with HIV. As part of its response to the epidemic, the Government of Lesotho developed a National AIDS Strategic Plan for the period 2000/2001 – 2003/2004. The plan set the following goals:

- Reduce HIV prevalence by 25%
- Reduce HIV incidence by 50%
- Delay the onset of sexual activity
- Increase condom use by 50%
- Reduce the number of people with multiple sexual partners
- Increase care, support & counseling programs to provide services to all who need them
- Enact a gender-sensitive national HIV/AIDS policy

The plan includes a comprehensive set of activities designed to achieve these goals. An initial budget was prepared for the implementation of the strategic plan by costing the specific activities. This budget called for a vast increase in funding, beyond the level that donors and the national budget were likely to support.

The initial application of the GOALS model took place in August 2001. The purposes of the application were to: (1) review the initial budget by comparing unit costs estimates with international norms and relating the scale of activities to the need, (2) develop alternative budget scenarios, (3) examine the feasibility of achieving the stated goals and (4) prepare an analysis of funding needs and goals that could be presented to potential donors.

A team of experts was formed to apply the GOALS model. This team was led by the Lesotho AIDS Program Coordination Authority and included members from the Ministry of Development and Planning, Positive Action, Lesotho Anti-AIDS Alliance and UNAIDS. Technical assistance was provided by the USAID-funded POLICY Project. The team was trained in the use of the model and quickly adapted it to the Lesotho strategic plan. The team





then used the model to review the draft budget and examine the implications of various budget scenarios for the achievement of the goals of the plan.

This work resulted in significant revisions to the draft budget and a better understanding by policy makers of the resources required to achieve the plan's goals. This initial work led to the preparation of two funding scenarios that will be presented to donors in late 2001. One scenario shows the funding requirements to achieve maximum impact on prevalence and maximum coverage of care and support services. The second scenario looks at the best way to allocate a fixed budget that represents the team's best estimate of resources that actually will be available. The team will continue to use the model to explore resource allocation options and plans to use it to update the activities and goals of the strategic plan once the final funding levels are set.

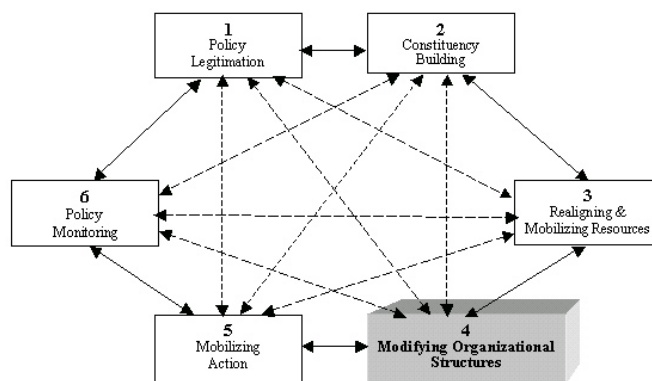
### **Necessary Support and Training**

The GOALS computer model and its accompanying manual will be available on Futures Group website and the HORIZONS Project website as of December 2001. The model requires data on demography (number of adult men and women, number of school age children, annual number of births), epidemiology (prevalence of HIV and STIs), sexual behavior (proportion engaging in commercial and casual sex, number of partners per year, condom use) and health care (percent of STIs treated, percent of women visiting ante-natal clinics). Additional data on unit costs and impacts of prevention and care programs can be provided, if available, or default values can be used. The model application may require many interactive workshops with decision makers to explore the consequences of alternative resource allocation strategies. Guidance for collecting data, selecting default values and using the model in a workshop with policy makers is included in the manual.





## Task #4: Modifying Organizational Structures



The fourth task involved in managing policy change is **modifying organizational structures** – developing new organizations, or changing existing ones, to match the demands of the new policy. These new organizational structures include mechanisms for policy and program coordination within the government; public/private partnerships; scaling up of NGOs and community-based organizations (CBOs); and multi-organization networks. A number of tools have been developed for modifying structures, but two of the most useful and strategic are:

**4.1 Institutional Development Framework:** a set of tools for diagnosing and planning organizational change.

*The IDF is intended for use by individual organizations whose mission, mandate or scale of operations is significantly affected by the implementation of new HIV/AIDS policies. Where there are many affected organizations an umbrella NGO or a local management institute may go through this process first. The umbrella organization may then replicate the process in other local institutions to promote their more effective involvement in the policy change process.*

**4.2 Advocacy Network Training Manual:** a set of activities and training modules for developing and strengthening multi-organization advocacy.

*This manual was prepared to help representatives of NGOs and other formal groups of civil society form and maintain advocacy networks and develop effective skills for family planning and combating HIV/AIDS. The manual's tools and approaches can be used to affect policy decisions at the international, national, regional, and local levels.*

### Additional Resources

In addition to these tools, much experience has been gained with regard to the best structures for coordinating implementation at the national level. Although not a tool, per se, this experience is very useful to national leaders considering alternative structures.

The International HIV/AIDS Alliance has published a report on “NGO/CBO Strategies to Scale Up Community Action on HIV/AIDS,” summarizing the key findings of the third year of “Community Lessons, Global Learning” – a collaboration with Positive Action (Glaxo Wellcome’s long-term HIV/AIDS community program). In another publication, the Alliance has collaborated with Horizons (a USAID –supported global operations research program) to provide an extensive analysis of the theoretical framework for scaling-up, entitled “The Challenge of Increasing the Scale of Non-Governmental Organizations’ HIV/AIDS Efforts in Developing Countries.”

<http://www.popcouncil.org/horizons/horizons.html>

<http://www.aidsalliance.org/index.htm>



## Modifying Organizational Structures

### tool (4.1): *Institutional Development Framework*

#### **Purpose**

The purpose of the framework and its associated tools is to help an organization scale up its operations, improve its alignment with new policy directions, increase its efficiency, and chart its own path to institutional development. It does this by helping an organization: (1) consider what it will take to make it successful; (2) assess its own strengths and weaknesses in light of those factors, (3) map a prioritized plan for improvement; and (4) measure progress against the goals it sets.

#### **Use of the IDF**

The IDF is organized in a matrix format. In the first column are listed the institutional “resources” critical to an organization’s health and effectiveness. The generic version of the framework includes five such resources each of which includes several components (see table below). Across the top of the matrix are listed the four stages through which organizations mature.

<b>Resources</b>	<b>Criteria for Each Progressive Stage</b>			
	Start up 1	Development 2	Expansion/ Consolidation 3	Sustainability 4
Oversight/Vision - board - mission - autonomy				
Management Resources - leadership style - participatory management - management systems - planning - service delivery, etc.				
Human Resources - staff skills - staff development - organizational diversity				
Financial Resources - financial management - financial vulnerability - financial viability				
External Resources - public relations - ability to work with local communities & governments, etc.				



The IDF process has four steps that are described below.

### *Step 1: Adapt Generic IDF*

The organization reviews the generic framework (with or without a facilitator) first to modify the categories and components to reflect their particular circumstances and second to identify, for each cell of the matrix, one or more performance criteria. A sample truncated IDF is presented below:

Resources	Criteria for Each Progressive Stage			
	Start up 1	Development 2	Expansion/ Consolidation 3	Sustainability 4
<b>Management Resources</b>				
Leadership Style	Leadership emanates from the founder	Leadership comes from founder and one or two Board members	Vision increasingly comes from Board as Board members improve involvement	All Board members contribute to leadership and development of the organization
	Staff provide technical input only	1-2 staff provide organizational impetus, in addition to Director	Staff increasingly provide vital drive to organization	Organization would survive without current Director
Management Systems	No formal file system exists	Files are maintained, but are not comprehensive or systematic	Files are systematic, and accessible, but significant gaps remain	Files are comprehensive, systematic and accessible
	Few administrative procedures formalized	Administrative procedures increasingly formalized but no operating manual	Administrative manual in place, although not up-to-date or considered "the Bible"	Administrative manual updated, as needed. Considered the arbiter of procedures.

### *Step 2: Plot the Organization on the IDF*

The next step is for the organization to examine the IDF, row by row, and determine where along the continuum it is situated. The simplest approach is to mark an "x" in the spot that describes the organization at a given moment (see matrix below).

	Start up 1				Development 2				Expansion/ Consolidation 3				Sustainability 4			
	.00	.25	.50	.75	.00	.25	.50	.75	.00	.25	.50	.75	.00	.25	.50	.75
<b>Leadership Style</b>																
Decision Flow						X										
Participation				X												
<b>Management Systems</b>																
Records								X								
Administrative Procedures											X					



### ***Step 3: Set Institutional Development Priorities, Goals and Improvement Strategy***

The next step is for the organization to determine which components are most important to its future. Having identified the areas that need improvement, the organization can set goals for six months, a year and two years in the future (e.g., moving from a “1” to a “3” in its financial management systems). In most cases, organizations will select only a few rows on which to concentrate their efforts.

### ***Step 4: Generate an Institutional Development Profile***

One of the most appealing features of the IDF is its ability to track progress over time and illustrate graphically to all concerned how effectively the organization is implementing new policy directions. The figure on the next page illustrates how one organization fared over the period of 3 years.

### **Necessary Resources and Training**

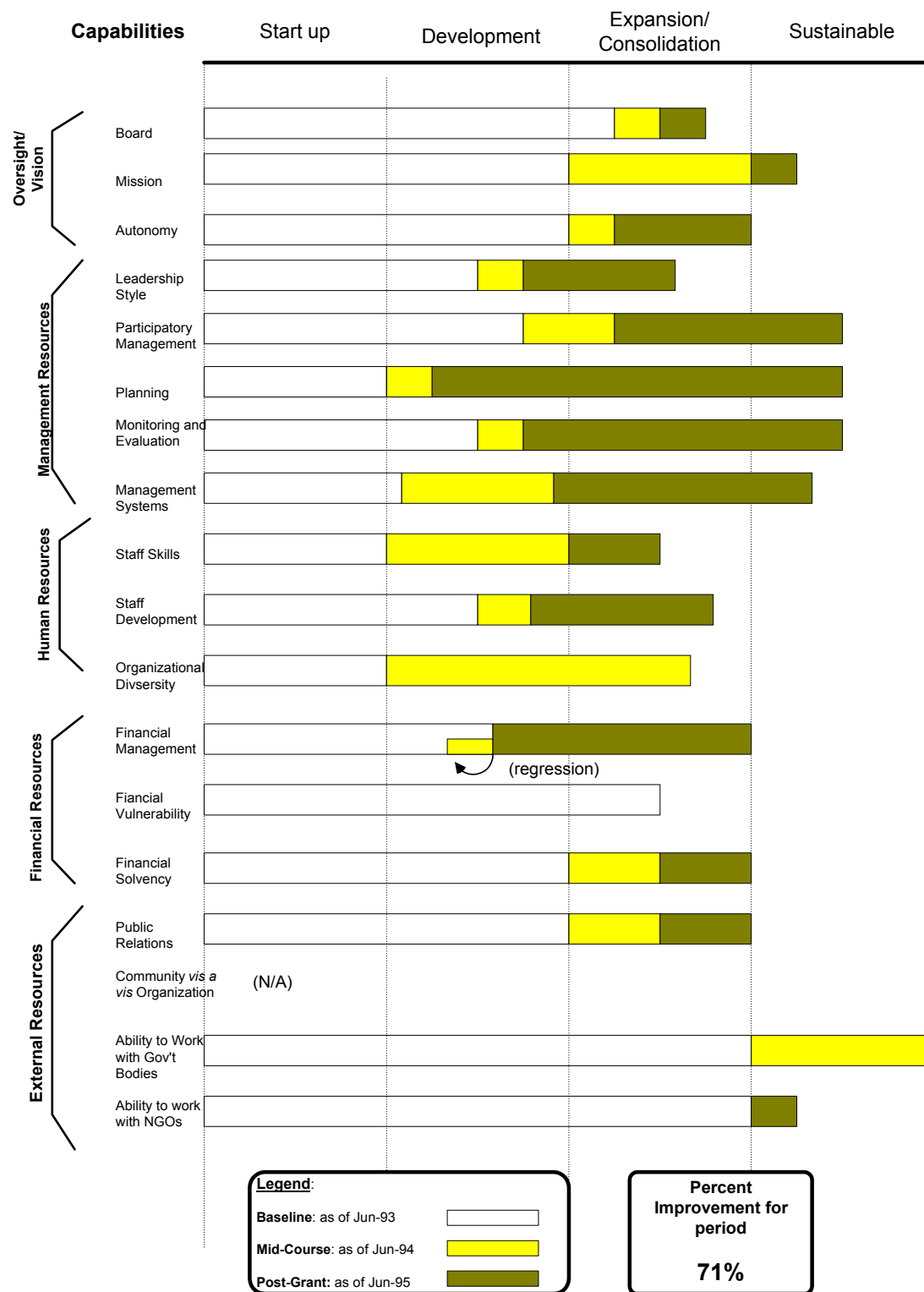
Although most data and all of key decisions come from members of the organization, effective use of IDF requires the periodic presence of a professional facilitator trained in organizational development and the use of the tool. Specialized training in the use of the tool can be provided to local consultants in an intensive two-week tutorial or can be integrated with the application of the tool in a designated organization.







## XY Foundation 1993-95





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## *Modifying Organizational Structures*

### *tool (4.2): Advocacy Network Training Manual*

#### **Purpose**

The Advocacy Network Training Manual was prepared to help representatives of NGOs and other formal groups of civil society form and maintain advocacy networks and develop effective family planning and HIV/AIDS combating skills. It is through advocacy – a set of targeted actions in support of a specific cause – that a supportive and self-sustaining environment for family planning and HIV/AIDS reduction goals can be created. The manual’s tools and approaches can be used to affect policy decisions at the international, national, regional, and local levels.

#### **Use of the Advocacy Network Training Manual**

The manual is based on the principle that advocacy strategies and methods can be learned. It is organized around a well-developed model--tested over time and within diverse cultures--for accomplishing advocacy objectives. The components of the model are the same regardless of the advocacy goals – whether for a campaign to secure a national law protecting rights of people living positively with HIV/AIDS, to increase availability of HIV/AIDS testing with informed consent, or to secure local funding for care of orphans.

The building blocks of advocacy are the formation of networks, the identification of political opportunities, and the organization of campaigns. The manual includes a section on each of these building blocks, with specific subjects presented in individual units. Each section begins with a general introduction to the topic. Units within each section contain background notes, learning objectives and supporting materials. Since the manual may be used to guide training in this subject, the approximate time required to complete each unit is indicated as are the needed materials and preparation. Within each unit, activities such as role-plays, discussions, and brainstorming are presented to help participants internalize their learning. Each unit concludes with a brief summary and a preview of the next unit.

While the manual can be used in its entirety, it is designed to be used in sections depending on the particular needs of the network. Networks can also use the manual as a general reference on advocacy without undertaking any specific training activities. Training techniques in the manual include: presentations, case study scenarios, role-plays, simulations, and small group discussion.



## **ADVOCACY NETWORK TRAINING MANUAL**

### **Table of Contents**

#### ***Section 1: The Power of Numbers – Networking for Impact***

- Unit 1: What are Advocacy Networks?
- Unit 2: Effective Communication – Understanding One Another
- Unit 3: Cooperation Not Competition – Building a Team
- Unit 4: Decision Making – Reaching Group Consensus
- Unit 5: Mission Statements – Creating a Common Purpose
- Unit 6: Putting It All Together – Managing the Network

#### ***Section 2: Actors, Issues, and Opportunities: Assessing the Policy Environment***

- Unit 1: The Policy Process – Government in Action
- Unit 2: Decision Making for Reproductive Health – Analyzing the Policy Climate
- Unit 3: Prioritizing Policy Issues – Making the Best Matches

#### ***Section 3: The Advocacy Strategy – Mobilizing for Action***

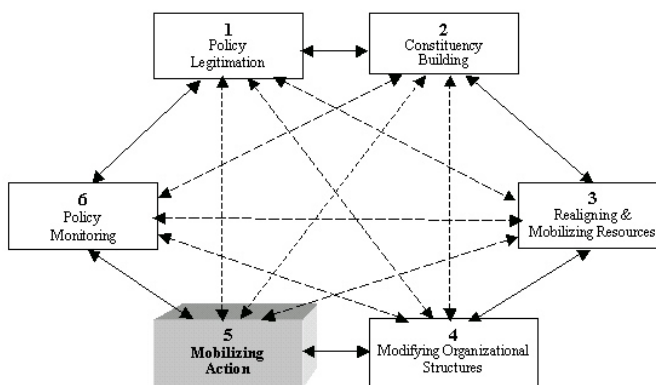
- Unit 1: What is Advocacy?
- Unit 2: Issues, Goals, and Objectives: Building the Foundation
- Unit 3: Target Audiences – Identifying Support and Opposition
- Unit 4: Messages – Informing, Persuading, and Moving to Action
- Unit 5: Data Collection – Bridging the Gap
- Unit 6: Fundraising – Mobilizing Resources
- Unit 7: Implementation – Developing an Action Plan
- Unit 8: Monitoring and Evaluation

#### ***Necessary Resources and Training***

This tool presumes a skilled facilitator to guide the process.

**Networking for Policy Change: An Advocacy  
Training Manual**  
<http://www.policyproject.com/pubs/advocacy.html>





## Task #5: Mobilizing Action

The fifth policy implementation task is **mobilizing action** – creating the incentives, plans and coordination mechanisms needed to translate declarations into deeds, and actually implementing new policy directions. This is the stage of the policy change process that borrows most directly from relevant experience in program and project management. Given the importance of action and inter-agency coordination in this task, the two tools presented here are:

**5.1 Organizational Responsibility Charts:** a graphic tool to promote agreement on roles and leadership in decision making and to clarify communication channels.

*An Organizational Responsibility Chart is a simple but powerful device for identifying all of the activities involved in a complex effort and to rationalize roles and responsibilities across offices and organizations. It is a powerful tool for coordination and is especially relevant for organizing the work of networks and coalitions.*

**5.2 Logic Models:** tools for clarifying an activity's intended results, relationship to other activities, performance standards and sources of risk, and for developing a common vision of the work to be done.

*A Results Framework is a tool for organizing and displaying the objectives and activities involved in achieving broad program or sectoral goals. It provides a systematic overview of how these objectives relate to one another and is useful as a framework for linking the efforts of different organizations.*

*The Logical Framework is the most commonly used tool for organizing, and communicating the logic and structure of projects and programs. In a one page, four-by-four matrix, the LogFrame can help those responsible for implementing HIV/AIDS activities to articulate their objectives, strategies, and uncertainties, and the link between resources, expected outputs, and intended outcomes.*



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## *Mobilizing Action*

### *tool (5.1): Organizational Responsibility Charts*

#### **Purpose**

The purpose of the Organizational Responsibility Chart (ORC) is to disentangle the respective roles of the individuals and groups responsible for implementing complex policies and programs. It is particularly useful when activities depend on a number of different organizations or organizational units (e.g., different departments/divisions, global/national, federal/state/local, etc.). In a simple matrix, the ORC displays the responsibilities of each major actor with regard to each significant task. It can and should be used not only to describe current practice, but also to guide streamlining and other organizational improvements.

#### **Use of the ORC**

The rows of the matrix correspond to the major activities needed to implement a policy change. These activities should be listed in the first column of the matrix, grouped by major output or category of activity. Normally, a participatory planning workshop is the best way to develop this list and to ensure that all key actors agree on it. In some cases, it is also appropriate to use this same list as a starting point for developing a bar chart, PERT chart or schedule of deliverables.<sup>3</sup>

The other columns of the matrix correspond to the full range of actors (individuals, organizations and/or organizational units) involved in implementing the policy. By excluding minor players, it is usually possible to limit this list to somewhere between 10 and 20 major actors.

For each of the listed activities, four questions are asked:

- 1 Who (if anyone) must agree to or approve this activity?
- 2 Who is responsible for executing this activity?
- 3 Who should be providing tangible support for this activity?
- 4 Who needs to be kept informed about this activity?

If someone or some group has approval authority for a given activity, the letter “A” should be written in the corresponding box in the matrix. For those responsible for executing the

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<sup>3</sup> A PERT chart is a project management tool used to schedule, organize, and coordinate tasks within a project. PERT stands for Program Evaluation Review Technique. A similar methodology, the Critical Path Method (CPM) has become synonymous with PERT, so that the technique is known by any variation on the names: PERT, CPM, or PERT/CPM. For additional information search for PERT on [www.whatis.com](http://www.whatis.com).





activity (i.e., the one that can be held responsible for its successful completion), write an “R”. Those providing support receive an “S”; and those to be informed receive an “I”.

While an ORC may be completed by one or more analysts, it is most effective when used interactively by the parties directly affected to clarify and streamline their working relationships. One very useful technique is to have the key actors complete the chart separately and then compare their versions of the chart as a starting point for negotiating an agreed version. The following questions and guidelines can be used to inform that discussion:

- Are there major disagreements or differences of opinion about the list of key activities? about the allocation of responsibilities?
- Are there important activities with too many people in charge?; with nobody in charge?
- Are there apparent bottlenecks? (i.e., Do the same people have too many things to do?)
- Do agreed procedures exist for making decisions when there is more than one decision-maker, for supervising activities that cross organizational lines, and for sharing information with those who need it?

The first rule of coordination should be to eliminate the need for it wherever possible and, where it is needed, to opt for the simplest approaches possible. For this purpose, it is worth noting that sharing information is normally easier than sharing resources, and sharing resources is normally easier than joint action. Seen in the context of the ORC, this suggests that it is usually more efficient for cells of the matrix to be empty than to be filled. This needs to be balanced, however, by the dictates of the particular task and by the requirements for transparency and democratic decision-making.

### Illustrative ORC

The following ORC is loosely based on an experience in Namibia and relates to establishing and implementing a Code of Conduct as part of a larger policy initiative on confidentiality.

Activity	Actors					
	Min. of Justice	Governing Body	Min. of Health & Service NGOs	Legal Assistance Center	National Network of Service Organiz.	People Living Positively
Establish governing body	I	I		R	S	S
Draft code of conduct	I	A	I	R	S	S
Establish criteria for monitoring compliance	I	A		S	R	R
Determine appropriate sanctions	R			R	S	S
Establish system through which complaints can be processed	I		I	S	R	R
Develop and maintain a registry of counselors			I		R	I
Monitor compliance		R				
Advocate compliance and publicize performance	S	S	S	R	R	

A=Approves

R=Responsible

S=Supports

I=To be Informed



## **Necessary Resources and Training**

One of the most attractive features of Organizational Responsibility Charts is the speed with which an individual or group can learn the tool and put it to practical use. Although this can be done using the written guidance alone, it is helpful to have someone experienced in the use of the tool spend 30 minutes introducing it and answering questions. When used in a workshop setting, it is very helpful to have the benefit of a trained facilitator who can help the group to see potential coordination problems and to resolve any conflicts that arise with regard to roles and responsibilities.





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## Mobilizing Action

### tool (5.2): Logic Models

#### Purpose

Logic Models are graphic tools for clarifying, analyzing and displaying the strategies used to accomplish major policy and program objectives. Results Frameworks and the Logical Framework are the most commonly used applications of logic models within the international development community. The Results Framework (RF) was developed by USAID in the mid 1990s as a tool for elevating its focus from the project to program level. Similar frameworks are now used by a number of UN specialized agencies and bilateral donors. The Logical Framework (LogFrame), originally developed by Practical Concepts Incorporated in 1969 for use in project planning and evaluation, is now used routinely by most multi-lateral and bilateral donors, and by scores of non-governmental organizations around the world.

Results Frameworks and LogFrames are effective tools for management as well as planning. They provide frameworks for managers to develop strategies and gauge progress toward the achievement of results. In addition, the process of developing an RF or LogFrame provides an important opportunity for an organization to work with its development partners and customers to *build consensus and ownership* around shared objectives and approaches to meeting those objectives. RFs and LogFrames also function as effective *communication tools*. They present a program or activity's most important elements on a single page and have particular power to focus and clarify objectives, establish expected results and performance standards, distinguish factors within and beyond the control of implementers, and link various activities together into larger strategies.

#### Use of Logic Models

##### Results Framework (RF)

A results framework looks something like an organizational chart. Boxes and arrows are presented vertically on a page so as to demonstrate the intended links between interventions and results. Key elements of an RF include the strategic objective, intermediate results, and hypothesized cause-and-effect linkage. The process for identifying these elements is outlined below as a series of three steps.

##### **Step 1: Set an Appropriate Objective**

The *strategic objective* (SO) is the center of any results framework. Defining an SO at an appropriate level of impact is one of the most critical and difficult tasks a team will face. It is a critical task because “the strategic objective forms the standard by which success is judged. The task is difficult because an SO should reflect a balance of two somewhat conflicting considerations —ambition and accountability. A strategic objective should be “the most



ambitious result (intended measurable change) . . . that the organization, along with its partners, can materially affect and for which it is willing to be held responsible.

### **Step 2: Identify the Intermediate Results**

To achieve a longer term strategic objective, a set of “lower level” intermediate results must first be reached. An *intermediate result* is a discrete result or outcome thought to be necessary to achieve the strategic objective. Initially, the SO team might identify a large number of possible results relevant to the SO. As the team develops the RF, though, it will want to focus on limited number of intermediate results necessary to achieve the objective and consistent with the mission and comparative advantage of the organization. Where other intermediate results are critical to achieving the strategic objective but outside the scope of team, it is important to be as clear as possible whose responsibility it is to achieve these other results. Including this information is critical to the utility of a results framework as a planning and management tool. While it is frequently not feasible to include these responsibilities in the RF graphic, they can be discussed in an accompanying narrative.

### **Step 3: Clarify the Causal Linkages Between Results**

Once the team has identified the intermediate results that support an objective, it must clarify the principal causal connections that link the two. While in many cases one could find many causal connections in an RF, teams should remember that the RF is a planning, management, and communication tool and, as such, should be clear and understandable. It is important during this step to clarify the expected time frame within which each result will be achieved and the effect of such a time frame on related causal linkages.

Organizations may use a variety of approaches to develop results frameworks. Most begin suggested above, most begin by seeking agreement on a Strategic Objective, but some begin with a discussion of intermediate objectives or even activities. Wherever one begins, however, the process involves moving up, down and across by seeking clarity and agreement on **how** any given objective is to be achieved, **why** it is important to achieve it (i.e., what is the higher objective to which it contributes), and **what else** is needed at any level in order to achieve the next higher objective.

The active involvement of partners is critical to developing a meaningful RF and to mobilizing the support needed to implement the strategy. Although this takes time, the results framework will be more complete and representative with their participation. Moreover, broader ownership of the RF among partners will promote greater harmonization of program activities aimed at a shared objective.

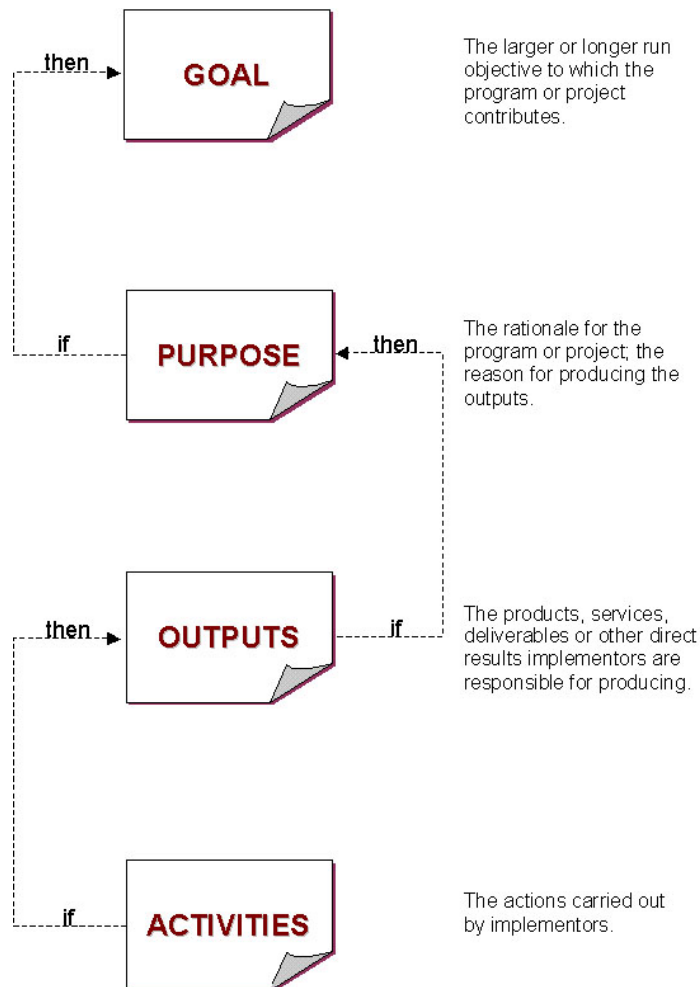
### **Logical Framework (LogFrame)**

The Logical Framework is a matrix made up of four columns and four rows. The first column is called **Hierarchy of Objectives**. It presents the program or project in terms of a series of linked hypotheses – if we carry out certain activities (such as conducting an advocacy campaign or providing condoms), then we can produce certain outputs or direct results (such as new legislation or higher incidence of safe sexual practice); if those results outputs are produced, then we believe certain outcomes will result (such as reduced new infection rates); and if those outcomes in fact materialize, we believe they will contribute significantly to the solution of a major problem (i.e., HIV/AIDS incidence and mortality). It is important to note



that each of these links includes an element of uncertainty. These relationships are demonstrated on the following graphic:





To complete this column, it is usually best to begin at the purpose level by defining what results or outcomes are intended or hoped for. From there, go down to the level below by asking what do we have to accomplish or produce in order to make the greatest contribution possible to the intended outcome. These accomplishments or products are the program or project's outputs. Finally, go to the lowest level by asking what activities need to be carried out in order to produce each of the identified outputs.

Logical Framework Analysis (LFA) includes the concept of “**manageable interest**” which signifies what implementers can reasonably be held responsible for. Basically, LFA suggests that implementers are accountable for efficient conduct of activities, proper handling of resources, achievement of agreed outputs, and monitoring events that are beyond their control but which can impact their ability to succeed.

The second column of the Logical Framework is called **Indicators and Targets**. This information indicates for each objective in the hierarchy of objectives exactly what is to be accomplished and by when. It is, in effect, a set of performance standards and a kind of performance agreement. At the “activity” level, this box is normally used to identify the human, financial and other resources needed for each of the activities shown in the first

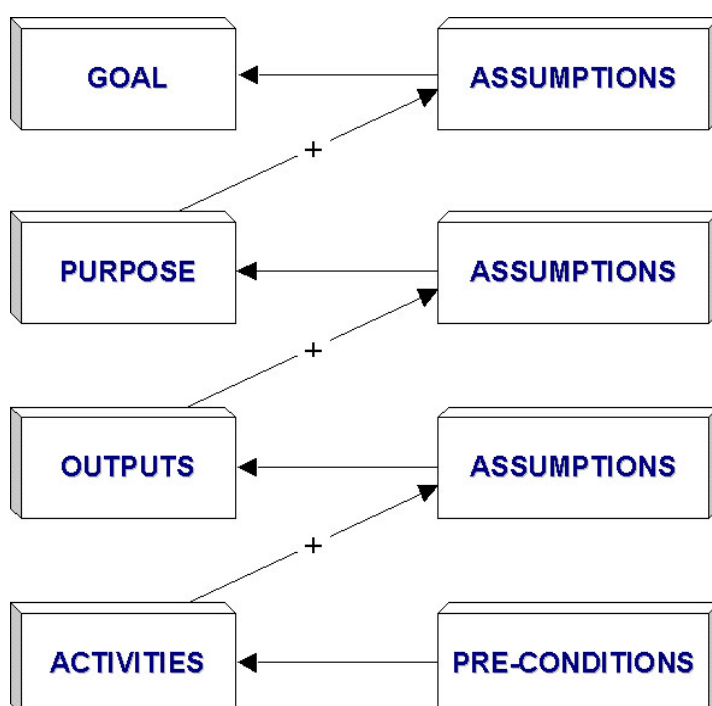


column. As such it becomes a kind of program budget that links resources to intended results.

The third column is called **Data Sources**. It indicates where and how information will be found to track the indicators and targets shown in the second column. Where these data sources do not exist, well designed programs and projects usually include as an output the creation of the necessary information and provide for the activities and resources necessary to do this.

The fourth and final column of the Logical Framework is called **Assumptions**. It lists the factors beyond the direct control of implementers that condition the likelihood that the intended results will be achieved. These factors include both conditions (e.g., mutations of the virus) and actions of others (e.g., pricing of drugs by manufacturers). The concept is that each level of the Logical Framework will include the “necessary and sufficient conditions” to achieve the results at the next level. This means that assumptions at any level can be identified by asking either of the two following questions – what else must happen in order for the objective at the next level to be realized?; or (posed in the negative) what could prevent us from achieving the objectives at the next level? With this logic in mind, the assumptions box at the lowest level lists and “pre-conditions” for the program or project such as provision of the necessary budget and human resources.

The basic logic of the logical framework is shown in the following graphic:





Below is a sample Logical Framework for a typical HIV/AIDS activity and a checklist for reviewing the quality of any program or project design using the Logical Framework.

### ***Logical Framework***

	Hierarchy of Objectives	Indicators & Targets	Data Sources	Assumptions
GOAL				
PURPOSE				
OUTPUTS				
ACTIVITIES		Budget		Pre-Conditions

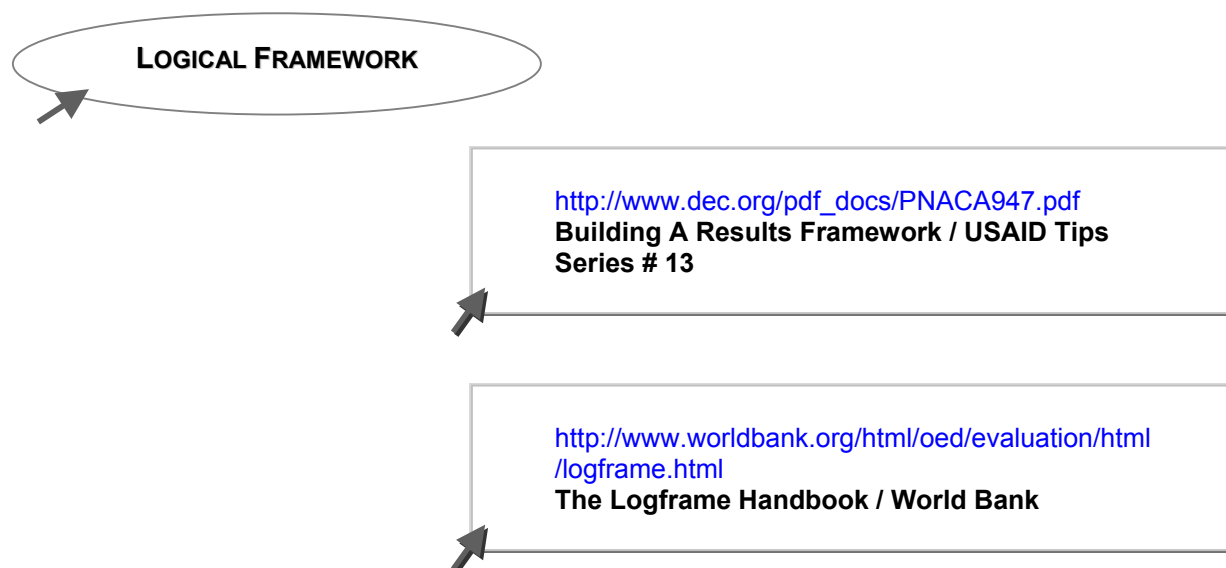
### ***Checklist for Ensuring Program/Project LogFrame Based on Correct Conceptual Thinking***

	Check if present
The Purpose is not a restatement of outputs.	
All Outputs listed are necessary for achieving the purpose.	
The Outputs, together with the Purpose level assumptions, create the set of necessary and sufficient conditions to achieve Purpose.	
The vertical logic of the project is sound; all three linkages (A-O-P-G) if reviewed simultaneously, are plausible.	
The indicators measure what is important and are objectively verifiable in terms of quantity, quality, and time.	
The indicator column at the Activity level makes it clear what it will cost to achieve the purpose (e.g. cost, skilled personnel, equipment, and materials)	
As necessary, the Data Sources column defines how hard-to-get data or evidence will be collected	

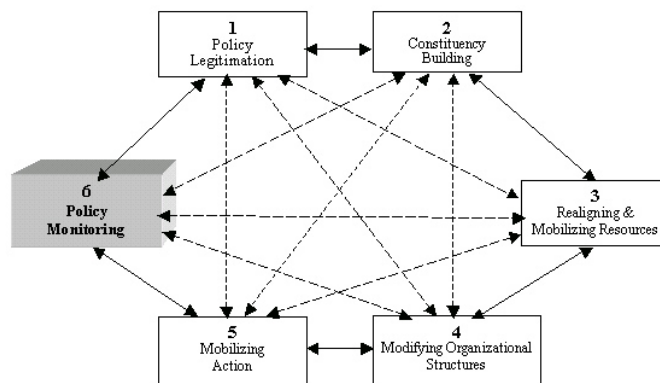


## Necessary Resources and Training

A number of manuals and instructional guides have been developed to help with preparing Results Frameworks and Logical Frameworks. Although it is possible to prepare a RF or LogFrame using these materials, it is highly desirable to have the services of a resource person trained in the use of the tool and or to participate in a 2-3 day training on the preparation and use of logic models. It is possible, and often preferable, to prepare RFs and Logical Frameworks in a workshop setting, and to integrate the necessary training into such workshops. There are a number of individuals and organizations around the world able to provide such assistance and training.



## Task #6: Policy Monitoring



The sixth and final policy implementation task is **policy monitoring** – tracking the progress and results of policy change and feeding that information back into the public policy process. Two tools are highlighted in this section:

**6.1 Policy Monitoring Guidelines:** a set of practical suggestions and alternatives for the design of policy review and monitoring systems.

*This tool is intended for use by think tanks, advocacy groups, national AIDS coordinating committees, legislative oversight committees, donors and the press as a means of setting accountability standards for HIV/AIDS policy changes and keeping a spotlight on performance. While milestones and procedures will differ by country, all countries should make provision for this information to be included as a public part of the policy process.*

**6.2 AIDS Program Effort Index:** an instrument and process for gauging the depth and nature of support for HIV/AIDS policy action.

*This API is intended to be explicitly comparative in nature – comparing one country to another and comparing each country to itself over time. It provides a kind of report card and, as such, can be very helpful in focusing attention on the government's performance in responding to the crisis. The tool is intended for use by a local think tank or advocacy network, working in conjunction with UNAIDS and other international groups.*





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## *Policy Monitoring*

### *tool (6.1): Policy Monitoring Guidelines*

#### **Purpose**

The purpose of instituting a systematic, transparent, public and credible policy monitoring system is to improve both performance and accountability. Effective policy monitoring systems distinguish between policy adoption and policy implementation, and monitor both. They provide regular, honest and straightforward reporting against agreed milestones and serve to build a sense of common purpose and to focus attention on outcomes. When implementers know that the results of their actions are being watched and reported, they are often more motivated to achieve those results.

#### **Use of Policy Monitoring Guidelines**

Three major approaches have been used successfully for monitoring and reporting on policy change – quantitative approaches, descriptive approaches and composite approaches – each of which has several variations.

- 1 Quantitative Approaches:
  - Yes/No Tracking of Specific Policy Reforms (binary)
  - Simple Indices (% of policy agenda achieved)
- 2 Descriptive Approaches:
  - Forecasting and Describing Key Events
  - Characterizing the Status of the Reform Effort (usually annual)
  - Case Studies of Successful/Unsuccessful Change
- 3 Composite Approaches:
  - Ranking and Describing Progress Through Distinct Stages of the Legal Reform Process
  - Complex Indices of Reform

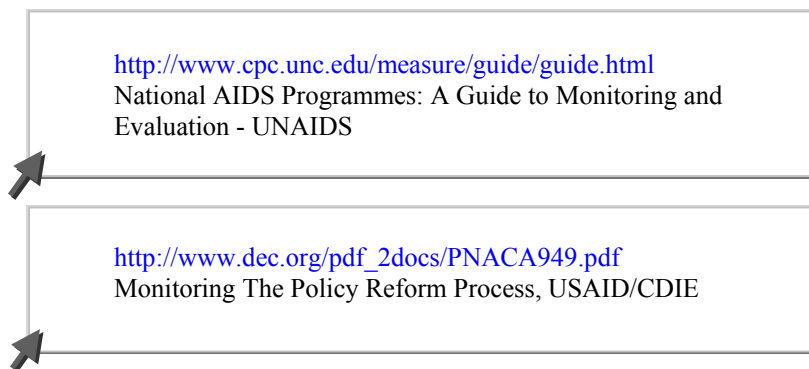
Each approach has strengths and weaknesses. Regardless of which approach is chosen, the following guidelines help to improve the effectiveness of performance monitoring systems:

- Monitoring policy reform often contributes to the reform process itself. The monitoring process can be a focal point or catalyst to keep the reform process on track (“what gets monitored gets done”).
- Regardless of the specific approach that managers decide to use to monitor policy reform, it is helpful to first define a descriptive list of stages or milestone events in the reform



process. This disaggregates the policy reform process into “units” that are more easily understood and tracked. Even if the monitoring approach ultimately chosen does not incorporate discrete reform stages, this step will help managers better analyze the monitoring and evaluation information collected.

- Involve partners and other policy reform stakeholders in the design of policy monitoring systems to take advantage of their unique perspectives, experience, and knowledge. Partners and stakeholders should, in particular, participate in the difficult task of setting policy reform targets. Use of a panel of experts or blue ribbon advisory group also adds weight to the monitoring exercise.
- Select a monitoring approach that best reflects the needs and constraints of the participating institutions. For example, if a policy reform program addresses a broad range of policies covering an entire sector, it might be useful to develop an index that can present a measure of reform across the sector. It may happen that a policy reform program concentrates on completed and implemented reforms and pays little attention to the actual reform process (sometimes the case when policy reforms represent conditionalities for the release of a disbursement in a cash transfer). In such instances, a monitoring system based on detailed stages in the reform process may be inappropriate. While developing an approach, keep cost-effectiveness in mind.
- If a descriptive/qualitative monitoring approach is used, define planned results/targets in a detailed and comprehensive way. This will permit a relatively objective comparison of planned with actual results throughout the performance period.
- If at all possible, include the implementation phase in any policy monitoring system. Though the reform of policies, regulations, and procedures “on the books” is important, effective implementation is key to achieving results.



### **Necessary Resources and Training**

While not absolutely necessary, it is useful to have access to a resource person with specialized expertise in the monitoring and evaluation of policy change and a facilitator with specialized expertise helping groups to design monitoring and reporting systems. It is also important to have access to necessary skills and resources for maintaining the resulting database and for publicizing key findings.



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## *Policy Monitoring*

### *tool (6.2):                    AIDS Program Effort Index*

#### **Purpose**

The purpose of the API is to assess in a detailed and disaggregated way the nature and depth of the support for HIV/AIDS policy change in a particular country at a particular point in time. The instrument is also designed to facilitate comparisons over time and between countries, and to point out areas where program implementers and policy advocates need to focus their efforts.

#### **Use of the API**

The AIDS Program Effort Index (API) is a composite indicator composed of a number of individual items grouped into key categories. Each item is scored on a scale of 0-5 by knowledgeable individuals. The item scores are averaged for each category to produce a category score that does not depend on the number of items in each category. The category scores form a profile of program effort in the country. The category scores are the primary indicators, however, they can be averaged to produce a total score for primary purposes.

Judgments are to be provided by 15-25 people. Respondents are selected from a variety of backgrounds, including the AIDS Control Program, Ministry of Health, other governmental organizations, NGOs (including those representing people living with HIV/AIDS), researchers, academics, major religious groups, community-based organizations and donors. Careful consideration should be given to selecting two to four individuals from each category who have a good understanding of the functioning of the national program.

Since one of the purposes of the API is to measure change, the participants are asked to rate each item twice, once for the current situation and once for the situation two years ago. Preliminary results from other indicators support the reliability of this retrospective technique. Two years is selected as a composite: change probably cannot be detected for just one year ago, and five years is probably too long.

The full questionnaire includes sections on Policy Formulation, Organizational Structure, Program Resources, Evaluation, Monitoring and Research, Legal and Regulatory Environment, Human Rights, Prevention Programs, Care Programs, Service Availability, and United Nations Role. Each page of the questionnaire is structured similarly to the one presented below:



## Illustrative Page from API Questionnaire

### I. Political Support

Please indicate the level of support by the following groups for an effective HIV/AIDS/STI policy and program. A score of 0 indicates no support or active opposition and 5 indicates strong support. Numbers between 0 and 5 indicate degrees of support. If you do not know enough to answer an individual item, please leave it blank. If you are not familiar with political support, please skip this entire section.

1. High-level national government support exists for effective policies and programs.  

<i>Present situation</i>	0	1	2	3	4	5
<i>Situation 2 years ago</i>	0	1	2	3	4	5
2. Public opinion supports effective programs and policies.  

<i>Present situation</i>	0	1	2	3	4	5
<i>Situation 2 years ago</i>	0	1	2	3	4	5
3. Top government civil servants outside of the MOH recognize AIDS/STIs as a priority.  

<i>Present situation</i>	0	1	2	3	4	5
<i>Situation 2 years ago</i>	0	1	2	3	4	5
4. Major religious organizations support effective policies and programs.  

<i>Present situation</i>	0	1	2	3	4	5
<i>Situation 2 years ago</i>	0	1	2	3	4	5
5. Private sector leaders support effective policies and programs.  

<i>Present situation</i>	0	1	2	3	4	5
<i>Situation 2 years ago</i>	0	1	2	3	4	5
6. There are local activities to build support for effective AIDS programs aimed at high-level political and community leaders.  

<i>Present situation</i>	0	1	2	3	4	5
<i>Situation 2 years ago</i>	0	1	2	3	4	5
7. There is awareness among policy makers that improving women's social and economic status is important to AIDS prevention.  

<i>Present situation</i>	0	1	2	3	4	5
<i>Situation 2 years ago</i>	0	1	2	3	4	5
8. International organizations have made a significant contribution to strengthening the political commitment of top leaders.  

<i>Present situation</i>	0	1	2	3	4	5
<i>Situation 2 years ago</i>	0	1	2	3	4	5

### Necessary Resources and Training

The API questionnaire and related documents can be obtained from the Futures Group website. The questionnaire and guides are available in English, French Spanish, Portuguese and Russian. For the most part, this information has been collected through a consultant who assumes responsibility for identifying the in-country experts, completing the interviews and collecting relevant documents. The analysis and interpretation of the findings of the interviews is done by The Futures Group International. Although the information may be relatively easy to collect, it is recommended that individuals interested in conducting the API should contact Futures or UNAIDS for support in analyzing the findings.

<http://www.tfgi.com/api.asp>

**Additional details on API (The Futures Group)**



## *Annex*

### *Forms and Examples*

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- 1) Comprehensive AIDS Policy Checklist
- 2) Political Map
- 3) Stakeholder Analysis
- 4) Advocacy Strategy Profile: Part I
- 5) Advocacy Strategy Profile: Part II
- 6) Institutional Inventory
- 7) Institutional Protocol
- 8) Institutional Development Framework
- 9) Institutional Development Profile
- 10) Organizational Responsibility Chart
- 11) Logical Framework
- 12) Mobilizing and Coordinating HIV/AIDS Actions in Kenya
- 13) Institutional Framework For National AIDS Control Council In Kenya



## Comprehensive AIDS Policy Checklist

**Comprehensive AIDS Policy in:**

	<b>A</b> Simplifying Factor		<b>B</b> (neutral)	<b>C</b> Complicating Factor	
	check		check		check
<b>Where did the impetus for the policy come from?</b>		Inside the country		Outside the country	
		Inside government		Outside government	
<b>Who decided the policy and how?</b>		With democratic legislative process		Without democratic legislative process	
		With widespread participation		Without widespread participation	
<b>What is the nature of the benefits?</b>		Visible		Invisible	
		Immediate		Long term	
		Dramatic		Marginal	
<b>What is the nature of the costs?</b>		Invisible		Visible	
		Long term		Immediate	
		Marginal		Dramatic	
<b>How complex are the changes?</b>		Few changes		Many changes	
		Few decisionmakers		Many decisionmakers	
		Small departure from current practices, roles and behaviors		Large departure from current practices, roles and behaviors	
		Limited discretion		Large discretion	
		Low technical sophistication		High technical sophistication	
		Low administrative complexity		High administrative complexity	
		Geographically concentrated		Geographically dispersed	
		Normal pace		Urgent/ emergency pace	
		Single event		Permanent changes	
		Low level of conflict about nature and value of the changes		High level of conflict about nature and value of the changes	
<b>Total number of Checks:</b>					

**Overall Score (A-C): =**

## Political Map

	Opposition Sectors		Support Sectors			Opposition Sectors	
External Actors							
Sector Position	Anti-System	Legal Opposition	Ideological Support	Core Support	Ideological Support	Legal Opposition	Anti-System
Social Sectors			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>The Government</b> </div>				
Political Parties							
Pressure Groups							

## Stakeholder Analysis

Group	Group's Interest in Issue	Resources	Resource Mobilization Capacity Low/Medium/High	Position on Issue

## Advocacy Strategy Profile: Part I

		1	2	3	4	5	
<b>Political Environment</b>	Highly centralized decision-making						Decentralized decision making
	Undifferentiated decision-making (Executive Branch)						Alternative decision makers (legislatures, local government, courts, etc.)
	Ineffective means for accountability						Effective public accountability
	Hostile to reform initiatives						Receptive to reform initiatives
	Little tradition of participation						Tradition of participation
<b>Resources Available to Group</b>	Limited human resources						Extensive human resources
	Limited technical resources						Extensive technical resources
	Limited/unsustainable financial resources						Extensive/sustainable financial resources
<b>Group's Organization Structure</b>	Mixed public-private sector participation						Exclusively non-governmental
	Temporary organization						Permanent organization
	Policy influence as only activity						Many activities in addition to policy influence

## Advocacy Strategy Profile: Part II

Action Taken?					Advocacy Activities	Priority in next 6 months?
1	2	3	4	5		
					<b>Advocacy group becomes more informed about policy issue and its impact on their interests and constituents:</b>	
					Group collects information on policy issue from relevant sources	
					Group analyzes policy and related issues and examines impact of policy elements on group interests. Impacts should be quantified where appropriate.	
					Group analyzes positions and interests of other stakeholders on the issue.	
					Group analyzes and understands decisions making process for this particular issue.	
					Group analyzes and understands political environment for policy issue – understands the nature of support and opposition for the issue.	
					<b>Advocacy group formulates a position and strategy for advocacy on the issue:</b>	
					Group formulates position on the issue in a participatory manner.	
					Group develops a written statement of its position on the issue (clearly stating policy interests and action required for implementation of the policy).	
					Presentation materials are developed using attractive, attention getting techniques (short, punchy, and to the point).	
					Strategy is developed for lobbying and advocacy on the issue (strategy should outline where resources for the lobby effort will come from and indicate who will do what, when, and how).	
					<b>Advocacy group develops strategic alliances or develops/participates in coalition supporting policy change:</b>	
					Group examines needs for participation in coalition or alliance on policy issue, and clearly understands cost and benefits.	
					Joint meetings held to examine mutual interests and negotiate terms of joint actions, responsibilities of each partner... and to examine needs for acquiring other resources (e.g., collaboration of thin tanks, international organizations).	
					Coalition, alliance, network formed with clear understanding of each partner's role. Position statements and supporting presentation materials developed. Strategy for coalition activity developed and resources identified for carrying out actions.	
					Joint actions planned and executed – including the development of public forums, lobbying, media campaigns, etc.	
					<b>Advocacy group implements strategy for issue advocacy:</b>	
					Press releases, public forums held on issue, participation on local talk shows, ext.	
					Policy papers disseminated.	
					Members initiate direct action to become "opinion leaders" on issue.	
					Lobbying campaign initiated and sustained.	
					Group develops scorecard on actions taken and results achieved.	



## Institutional Inventory

<b>Forums</b> (discussion)	<b>Arenas</b> (decisions)
<b>Courts</b> (adjudication)	<b>Agencies</b> (implementation)

## **Institutional Protocol**

Forums / Arenas / Courts / Agencies

*(circle one and complete separately for each)*

- 1 Do these institutions enjoy the respect of policymakers?
- 2 Are these institutions seen by society as credible and legitimate?
- 3 Do these institutions have a clear and adequate mandate to deal with the policy issue in question?
- 4 Do these institutions have the technical capability to deal with the policy issue in question?
- 5 Are these institutions motivated to deal with the policy issue in question?
- 6 Are these institutions accessible, accountable and transparent?
- 7 If the answer to any of the above questions is “no”, what actions can be taken to improve the situation?

## Institutional Development Framework

Resources	Criteria For Each Progressive Stage			
	Founding	Developing	Expanding/ Consolidating	Sustaining
<b>Oversight/Vision</b>				
<b>Board</b>				
<b>Mission</b>				
<b>Autonomy</b>				

## Institutional Development Framework

Resources	Criteria For Each Progressive Stage			
	Founding	Developing	Expanding/Consolidating	Sustaining
<b>Management Resources</b>				
<b>Leadership Style</b>				
<b>Planning</b>				
<b>Participatory Management</b>				
<b>Management Systems</b>				
<b>Service Delivery</b>				
<b>Constituency Participation</b>				
<b>Monitoring and Evaluation</b>				

## Institutional Development Framework

Resources	Criteria For Each Progressive Stage			
	Founding	Developing	Expanding/ Consolidating	Sustaining
<b>Human Resources</b>				
<b>Skills</b>				
<b>Training</b>				
<b>Mentoring</b>				
<b>Motivation</b>				
<b>Organizational Diversity</b>				



## Institutional Development Framework

Resources	Criteria For Each Progressive Stage			
	Founding	Developing	Expanding/Consolidating	Sustaining
<b>Financial Resources</b>				
<b>Financial Management</b>				
<b>Financial Vulnerability</b>				
<b>Financial Viability</b>				

## Institutional Development Framework

Resources	Criteria For Each Progressive Stage			
	Founding	Developing	Expanding/ Consolidating	Sustaining
<b>External Resources</b>				
<b>Public Relations</b>				
<b>Constituency Orientation</b>				
<b>Ability to work with central and local government</b>				
<b>Ability to work with other NGOs.</b>				

## Institutional Development Profile

	Start-Up	Development	Expansion/ Consolidation	Sustainable
<b>Capabilities</b>				
<b>Oversight/Vision</b>				
Board				
Mission				
Autonomy				
<b>Management Resources</b>				
Leadership Style				
Planning				
Participatory Management				
Management Systems				
Service Delivery				
Constituency Participation				
M&E Systems				
<b>Human Resources</b>				
Skills				
Training				
Mentoring				
Motivation				
Organizational Diversity				
<b>Financial Resources</b>				
Financial Management				
Financial Vulnerability				
Financial Viability				
<b>External Resources</b>				
Public Relations				
Constituency Orientation				
Ability to Work with Central & Local Gov't				
Ability to Work with other NGOs				

### **Legend:**

Baseline: as of \_\_\_\_



Mid-Course: as of \_\_\_\_



Post-Grant: as of \_\_\_\_



**Percent  
Improvement  
for Period: \_\_\_\_%**

## Organizational Responsibility Chart

A=Approves

R=Responsible

S=Supports

I=To be Informed

Activity	Actors					

## LOGICAL FRAMEWORK

	Hierarchy of Objectives	Indicators & Targets	Data Sources	Assumptions
GOAL				
PURPOSE				
OUTPUTS				
ACTIVITIES		Budget		Pre-Conditions

### **Mobilizing and Coordinating HIV/AIDS Actions in Kenya**

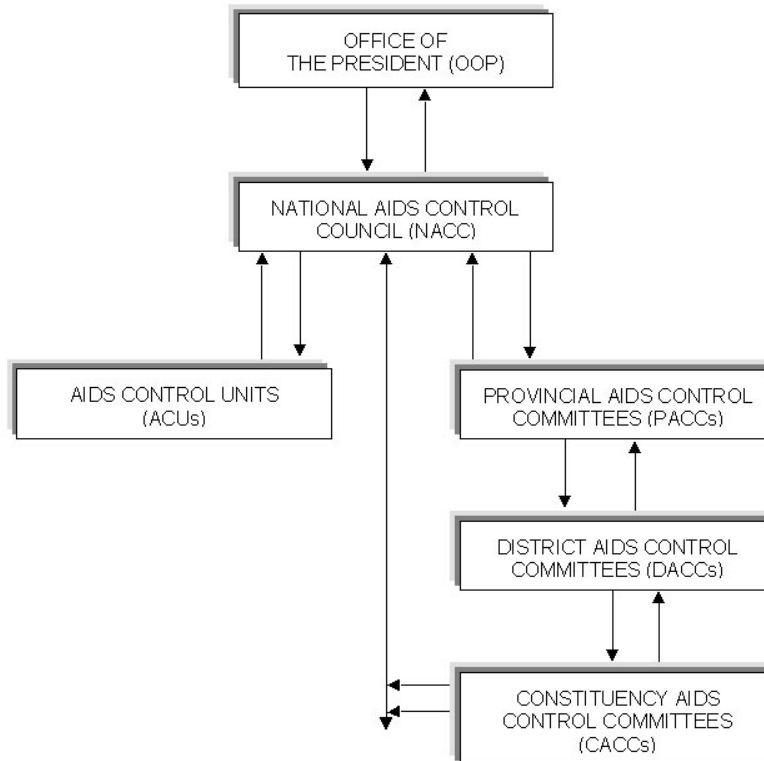
In the opinion of many experts, Kenya has established an effective institutional structure for mobilizing and coordinating action on HIV/AIDS. As indicated in the graphic below, coordination of HIV/AIDS efforts in Kenya is the responsibility of five institutions:

- Coordination at the national level is provided by the National AIDS Control Council (NACC), established as an independent body by Presidential Order. NACC's responsibilities include providing policy and a strategic framework for mobilizing and coordinating resources for prevention and care, strengthening institutional capacity at all levels, and taking a leadership role in advocacy and public relations for HIV/AIDS.
- Each Ministry has been instructed to establish an AIDS Control Unit (ACU) to provide proactive leadership and mainstreaming of HIV/AIDS within its organization and sector. ACUs responsibilities include overseeing their portions of the National HIV/AIDS Strategic Plan.
- Provincial HIV/AIDS Control Committees (PACCs) incorporate members from relevant GoK departments at the provincial level, civil society, private sector and PLWHAs. They are responsible for coordinating those actions that occur at a provincial level and for working with the DACCs to promote cooperation among districts within the province.
- District HIV/AIDS Control Committees (DACCs) are being established in each of Kenya's 68 Districts to provide coordination at the District level. DACCs are the key relay points to and from the NACC and the ACUs and are responsible for overseeing implementation in the field.

Constituency AIDS Control Communities (CACCs) work closely with the DACCs to plan and prioritize local participation and other actions at the community level within individual constituencies.



### Institutional Framework For National AIDS Control Council In Kenya



The Kenya case is also instructive in the role NGOs played in facilitating a conducive policy environment for HIV/AIDS programs and activities. KANCO, a consortium of Kenyan NGOs, held meetings with leaders at both the national and provincial levels to sensitize them to policy gaps; organized and facilitated a series of workshops in provinces to provide HIV/AIDS workers and potential policy makers with skill and knowledge in policy development and advocacy; initiated district networks to sustain policy development and advocacy; brought provincial policy issues to the national level forum for further discussion and prioritization; developed the priority issues into advocacy papers for distribution to policy makers and advocacy groups; and provided a range of follow-up actions to promote policy implementation.